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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90049 047 ***150.00

DOCUMENT # P94000029560

1. Corporation Name

SWE BUSINESS BROKERS, INC.

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Principal Plac	e of Business	Mailing Address			I (Battill) tie teit ein ent ann		• • • • • • • • • • • • • • • • • • • •
4563 TILTON C	COURT	4563 TILTON COURT					
SUITE 337	19 5 19 5% st\$210-11	SUITE 337				T. #0 0D 1 0E	
FT MYERS FL 33907 FT MYERS FL 33907					DO NOT WRITE	IN THIS SPACE	
US		U\$			3. Date Incorporated or Qualifed		
	·		_		04/19/1994		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	<u> </u>	pplied For
21	-	26		_	65-0484955		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired [1 '	Additional
22		27		_	5. Certificate of States Boomse	Fee R	equired
City & Stat	le · ·	City & State		•		□ \$5.00	May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country	/	8. This corporation owes the current	year Intangible	
24	25	29	30		Personal Property Tax.	☐Yes	□No
,	9. Name and Address of Current		1	,	10. Name and Address of New Reg	istered Agent	
			81	Name	The state of the s		
OME	ERZU, MICHAEL A					.	
2616	6 TAMIAMI TRAIL		82	Street Add	dress (P.O. Box Number is Not Acceptable	9)	
l	RITAGE SQUARE STE. 3		83	-			
	RT CHARLOTTE FL 33952		0.3	'			
FOR	TOTALECTIE TE 33932		84	City		85 Zip	Code
	•			'		FL S	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the abov	e-named col	rporation submits this statement for the pu	rpose of changing its	s registered
office or r	registered agent, or both, in the State of	of Florida. Such change was a	utnorized by	the corpora	tion's board of directors. I hereby accept ti	ie abboindileur as id	gustered
l agent La	on familiar with, and accept the obligati	ions of Section 607 0505. Flo	rida Statutes	3	•		
agent. I a	im familiar with, and accept the obligati	ions of, Section 607.0505, Flo	rida Statute:	š. '			
agent. I a SIGNATURE	im familiar with, and accept the obligati	ions of, Section 607.0505, Flo	rida Statutes	š.		DATE	<u>-</u>
agent. I a	im familiar with, and accept the obligation. Signature, typed or printed name of registered agent	and title if applicable (NOTE	rida Statutes	š.	rred when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR