## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

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DOCUMENT # P94000048625 (5)
1. Corporation Name

SWAMP DOG PRESS, INC.

Principal Place of Business

355 BOCA CIEGA DRIVE

MADEIRA BEACH FL 33708

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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Zip

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc

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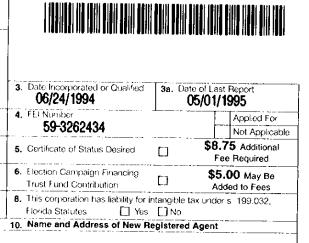
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9. Name and Address of Current Registered Agent

355 BOCA CIEGA DRIVE MADEIRA BEACH FL 33708



WILKINSON, G B 696 1ST AVENUE NORTH SUITE 201 ST. PETERSBURG FL 33701

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	84	Crty	***************************************			··			85	Zip Code	
								FL_		,	
ano	ve-n	iamedi coi	rporation s	ubmits thi:	s statemer	nt for the r	ouroose r	of chan	aina	its register	ed office

Street Address (P.O. Box Number is Not Acceptable)

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am

Country

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SIGNATURE _	Styriature, typed or printed name of registered agent and till; if		<u></u>					
12.				Resident Agric signature research when releasing to the Company DATE  13. ADDITIONS/CHANGES TO OFFICE DR AND DURING TORS IN A DOMESTIC OFFICE OFFICE AND DURING TORS IN A DOMESTIC OFFICE OFFI				
TIFLE	D	DELFIE	1 1 1 1 I I I I	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
NAME	WEISSMAN, STEPHAN		1.2 NAME	☐ Change ☐ Addition				
STREET ADDRESS	355 BOCA CIEGA DR.		· ·					
CITY-ST-ZIP	MADEIRA BEACH FL		1.3 STREET ADDRESS					
TITLE	D	DELFTE	1.4 CHY - S1 - ZIP 2 1 TITLE					
NAME	WEISSMAN, CAROLLE A			Change Addition				
STREET AUDRESS	355 BOCA CIEGA DR.		2.2 NAME					
City-St-Zip	MADEIRA BEACH FL 33708		23 STREET ADDRESS					
TITLE	D	DELETE	2 4 CITY-ST-7/P					
NAME	WEISSMAN, CYRIL M.	PA DETE IE	3 I TITLE	☐ Change ☐ Addition				
	5701 MANRINER ST. #301		3.2 NAME					
STREET ADDRESS	TAMPA FL		3.3 STREET ADDRESS					
CITY-ST-ZP	TAMEATL		3 4 CITY - S1 - 2IP					
TITILE		□ DELETE	4 1 TITLE	Change Addition				
NAME			4 2 NAME					
STREET ADDIHESS			4.3 STREET ADDRESS					
CIJY-SI-ZIP			4.4 CHY - ST - ZIP					
TITLE		□ DELETE	5 1 THILF	☐ Change ☐ Addition				
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4.0/TY-ST-Z/P					
TITLE		DELETE	6 1 THE	☐ Change ☐ Addition				
NAME			6 2 NAME	Change Abolison				
STREET ADDRESS			6.3 STHEFT ADDRESS	ł				
Crty - ST - ZIP			6.4 CITY - ST-ZIP					
14 I do hereby	cortify that the information cumplied with this							

14. I do nereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 appears in Block 12 or Block 13 if charged, or or an attachment with an address.

SIGNATURE:

SIGNATURE AND TAPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Davine Prices &

CR2E034 (12/95)