## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000061837 (8)

## FILED Jan 21 1998 8:00am Secretary of State

SWUG	iP, INC.			
Principal Plac	ce of Business	Mailing Address		1 1001/100 110 (011) 2(21) 021/1 021/
	4TH TERRACE	1921 S.W. 74TH TERRA		
PLANTATION	I FL 33317	PLANTATION FL 33317 US		DO NOT WRITE IN THIS SPACE
		00		3. Date Incorporated or Qualified
				08/22/1994
<u> </u>	Place of Business	2a. Mailing Address		4. FEi Number Applied For
21		26		<b>65-0531645</b> Not Applicable
Suite, Apt	, #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired  \$8.75 Additional
City & Star	ta	City & State		Fee Required
23	te.	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30, Yes No
	<ol><li>Name and Address of Cur</li></ol>	rent Registered Agent		10. Name and Address of New Registered Agent
į wi	EISMAN, DAVID		<b>81</b> Nar	ne
20	21 TYLER ST.		<b>82</b> Stre	eet Address (P.O. Box Number is Not Acceptable)
HC	DLLYWOOD FL 33020			
İ			83	
			84 City	85 Zip Code
				FL! i i i i i i i i i i i i i i i i i i i
11. Pursuant office or	to the provisions of Sections 607.0 registered agent, or both, in the St	1502 and 607.1508, Florida Stat ate of Florida. Such change was	utes, the above-nam s authorized by the o	ed corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
agent. I a	am tamiliar with, and accept the ob	ligations of, Section 607.0505, I	Florida Statutes.	
SIGNATURE	Signature, typed or printed name of registered			
12.		AND DIRECTORS	13.	ature required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	I DP	☐ DELETE	1.1 TITLE	Change Addition
NAME	ANTONUCCI, LOUIS J		1.2 NAME	
STREET ADDRESS	2021 TYLER ST.		1.3 STREET ADDRES	ss
CiTY-ST-ZIP	HOLLYWOOD FL 33020		1.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	2.1 TITLE	Change Addition
NAME	WESSMAN, JENNIE L		2.2 NAME	
STREET ADDRESS	2021 TYLER ST.		2.3 STREET ADDRES	ss
CITY - ST - ZIP	HOLLYWOOD FL 33020		2. 4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ANTONUCCI, JAMES F		3.2 NAME	
STREET ADDRESS	2021 TYLER ST.		3.3 STREET ADDRES	S
CITY-ST-ZIP	HOLLYWOOD FL 33020		3.4. CITY-ST-ZIP	
TITLE	DS ANTONILICO IOSEDILIS	☐ DELETE	4.1 TITLE	L Change L Addition
NAME	ANTONUCCI, JOSEPH S		4. 2 NAME	
STREET ADDRESS	2021 TYLER ST. HOLLYWOOD FL 33020		4.3 STREET ADDRES	SS
CITY - ST - ZIP	HOLETALOOD LE 92050	☐ DELETE	4.4 CITY - ST - ZIP	Donne TAARES
TITLE NAME		□ DELETE	5.1 TITLE	☐ Change ☐ Addition
STREET ADDRESS			5.2 NAME	
			5.3 STREET ADDRES	8
CITY-SI-ZIP TITLE			5.4 CITY - ST-ZIP	i
		☐ DELETE	6171715	Channe Addition
NAMF I		DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS		] DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRES	

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.

SIGNATURE Ling Editor TLOUIS REDAY TO BOUCE PROS 1-7-98 954 7910103

CR2E034 (10/97)