

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA 32399-0001

APPROVED
AND
FILED

APR 21 1996

DOCUMENT # **P94000064465 (5)**

1. Corporation Name

S & W OF SOUTH FLORIDA, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

**200 W. CAMINO REAL
BOCA RATON FL 33431**

3. Mailing Address

**200 W. CAMINO REAL
BOCA RATON FL 33431**

(DO NOT WRITE IN THIS SPACE)

3. Date of Incorporation or Address

08/29/1994

3a. Date of Last Report

65-0545790

Applied For
Not Applicable

2. Principal Office Address

21 200 W. CAMINO REAL

2b. Mailing Address

26 200 W. CAMINO REAL

State Apt. # etc.

State Apt. # etc.

22 City & State

23 Boca Raton FLA

27 City & State

28 Boca Raton FLA

24 Zip

24 33431

29 Zip

29 33431

5. Certificate of Status Desired

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**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution

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**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under § 199.032

Florida Statutes

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9. Name and Address of Current Registered Agent

**SCAGG, JAMES L
200 W. CAMINO REAL
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81 Name SCAGG, JAMES L

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

200 W. CAMINO REAL

83

84 City

Boca Raton

FL

85 Zip Code

33432

11. I, President for the purpose of two hundred and twenty Florida Statutes, the above named corporation, hereby certifies this statement for the purpose of changing its registered office or registered agent or both in the State of Florida, and that the change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the responsibility of a registered agent under Florida Statutes.

SIGNATURE

[Signature]

4/21/95

12. OFFICERS AND DIRECTORS

**NAME D SCAGG, JAMES L
STREET ADDRESS 468 NW 45TH TERRACE
CITY & STATE DEERFIELD BEACH FL 33442**

**NAME D WILGES, JAY
STREET ADDRESS 220 SW 12TH AVE., APT. 2
CITY & STATE DEERFIELD BEACH FL 33441**

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

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14. I, the filer, certify that the information supplied with this filing is complete, accurate and correct, and that I am not aware of any information that would cause me to believe that the information is false or misleading. I understand that the filer is responsible for the accuracy of the information and that the filer is responsible for the accuracy of the information. I understand that the filer is responsible for the accuracy of the information and that the filer is responsible for the accuracy of the information. I understand that the filer is responsible for the accuracy of the information and that the filer is responsible for the accuracy of the information.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

4/21/95

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