

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 MAY 23 PM 1:19

DOCUMENT # P74000080470

1. Corporation Name

SWEITZER LAND CORPORATION

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

02 NOV 94

4. FEI Number

59-3277265

Applied For

Not Applicable

2. Principal Place of Business

21. 790 SW 4TH ST

2a. Mailing Address

26. 790 SW 4TH ST

State, Apt. #, etc.

State, Apt. #, etc.

22.

27.

City & State

23. BOCA RATON, FL

City & State

28. BOCA RATON, FL

Zip

Country

Zip

Country

24. 33486

25. ~~None~~ USA

29. 33486

30. USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

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

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DANIEL B. SWEITZER

790 SW 4TH ST

BOCA RATON, FL 33486

81. Name

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

83.

84. City

FL

85. Zip Code

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 familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

10 MAY 95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

101. TITLE: P/S/T/D
NAME: DANIEL B. SWEITZER
STREET ADDRESS: 790 SW 4TH ST
CITY, ST, ZIP: BOCA RATON, FL 33486

11.1 TITLE: ☐ Change ☐ Addition
11.2 NAME:
11.3 STREET ADDRESS:
11.4 CITY, ST, ZIP:

102. TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

12.1 TITLE: ☐ Change ☐ Addition
12.2 NAME:
12.3 STREET ADDRESS:
12.4 CITY, ST, ZIP:

103. TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

13.1 TITLE: ☐ Change ☐ Addition
13.2 NAME:
13.3 STREET ADDRESS:
13.4 CITY, ST, ZIP:

104. TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

14.1 TITLE: ☐ Change ☐ Addition
14.2 NAME:
14.3 STREET ADDRESS:
14.4 CITY, ST, ZIP:

105. TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

15.1 TITLE: ☐ Change ☐ Addition
15.2 NAME:
15.3 STREET ADDRESS:
15.4 CITY, ST, ZIP:

106. TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

16.1 TITLE: ☐ Change ☐ Addition
16.2 NAME:
16.3 STREET ADDRESS:
16.4 CITY, ST, ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information included 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 (changed) or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

10 MAY 95 (407) 392-2848