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 # P95000028192 (9)

SW HOSPITALITY GROUP, INC.

317 110	OFTIALITY GHOOF, INC	•				
Principal Plac	e of Business	Mailing Address				
4720 S.E. 15TH AVE		4720 S.E. 15TH AVE				
SUITE 201	IN MAC	SUITE 201				
CAPE CORAL FL 33904			CAPE CORAL FL 33904		DO NOT WRITE	E IN THIS SPACE
US		US			Date Incorporated or Qualified	
 		· · · · · · · · · · · · · · · · · · ·			04/06/1995	
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21 Suite, Apt.	# alc	26			65-0745503	Not Applicable
22	π, οιο.	Suite, Apl. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	0	City & State			6. Election Campaign Financing	
23		28			Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	· · · · · · · · · · · · · · · · · · ·		try	8. This corporation owes or has pa	
24	25	29	30		Personal Property Tax due June	
	g. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Ro	
JOI	HNSON, IRENE		10	Name		
4720 S.E. 15TH AVE			l _e	Street Add	ress (P.O. Box Number is Not Acceptal	ble)
	TE 201					
CAI	PE CORAL FL 33904		[8	33		v
			18	14 City		85 Zip Code
office of the	egisterea agent, or boin, in the t	state of Florida. Such change wa	is authorized	by the corpora	poration submits this statement for the tition's board of directors. I hereby acce	purpose of changing its registered of the appointment as registered
agent. I a	m familiar with, and accept the o	obligations of, Section 607.0505,	Florida Statu	tos.	,,	
SIGNATURE	Signature, typed or printed name of registers		ST BOTTON			
12.		S AND DIRECTORS	13.	Agent signature requi	rod when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CEDS AND DIDECTORS IN 43
TITLE	D	DELETE	1.1 THU		ADDITIONS/CHANGES TO OFFI	Change Addition
NAME	JOHNSON, IRENE		1.2 NAM	IE .		
STREET ADDRESS	4720 S.E. 15TH AVE STE.	201	1.3 STRI	ET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY	- ST - ZIP		}
TITLE		☐ DELETE	2.1 TITL			Change Addition
NAME			2.2 NAM	E		`
STREET ADDRESS			2.3 STRE	ET ADDRESS		1
CITY-ST-ZIP			2. 4 CITY	'- \$1 - ZIP		
TITLE		DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAM	E		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP		DELETE		'-ST-7IP		[] (b
TITLE		L_J DECENT	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAN			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP TITLE		DELFTE	4.4 CITY 5.1 TITLE		7	Change Addition
NAME			5.7 MILE 5.2 NAM	1		Change C Auditon
STREET ADDRESS				ET ADDRESS		ļ
CITY-ST-ZIP			5.4 CITY			ļ
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAM	1		- rodition
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP				- ST - 7/P		

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 cooler or trustee emperature 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 part attachment with an actives.

SIGNATURE X

v 3-23-98

CR2E034 (10/97)

FILED

Apr 13 1998 8:00am

Secretary of State