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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000032070 (1)**

1. Corporation Name
THE SOFT SWAP, INC.

Principal Place of Business	Mailing Address
~~1905 W. BRANDON BLVD~~ ~~BRANDON FL 33511~~ ~~US~~ 11634 N. DALE MABRY TAMPA, FL 33618	~~1905 W. BRANDON BLVD~~ ~~BRANDON FL 33511-4813~~ ~~US~~ ← SAME AS

2. Principal Place of Business 21 11634 N. DALE MABRY Suite, Apt. #, etc. 22 City & State 23 TAMPA, FL Zip 24 33618 Country 25 USA	2a. Mailing Address 26 11634 N. DALE MABRY Suite, Apt. #, etc. 27 City & State 28 TAMPA, FL Zip 29 33618 Country 30 USA

3. Date Incorporated or Qualified 04/19/1995	3a. Date of Last Report 08/02/1996
4. FEI Number 59-3314337	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

POVILUS, JEFFREY W
1905 W BRANDON BLVD
BRANDON FL 33511

New Address! → Same Agent

10. Name and Address of New Registered Agent

81 Name JEFFREY W. POVILUS
82 Street Address (P.O. Box Number is Not Acceptable) 3601 LANDINGS WAY #102
83
84 City TAMPA FL 85 Zip Code 33624

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POVILUS, JEFFREY W 1850 PROVIDENCE LAKES #419 BRANDON FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 3601 LANDINGS WAY #102 TAMPA, FL 33624	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREENLEE, CHRISTOPHER 1905 W BRANDON BLVD BRANDON FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 11634 N. DALE MABRY TAMPA, FL 33618	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition	

CR2E034 (9/96)

14. I do 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: _____ JEFFREY W. POVILUS APR. 28, 1997 9080054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #