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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **P95000036973**1. Corporation Name

SMW MANUFACTURING, LTD., INC.

	- •		
Principal Place of Business	Mailing Address		# # # # # # # # # # # # # # # # # # #
2550 KIRBY AVENUE	2550 KIRBY AVENUE		
SUITE 205	SUITE 205		DO NOT MIDITE IN THIS SPACE
PALM BAY FL 32905	PALM BAY FL 32905		DO NOT WRITE IN THIS SPACE
US	US		3. Date Incorporated or Qualifed 05/08/1995
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For
21	26		59-3313332 Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<del></del>	5. Certificate of Status Desired   \$8.75 Additional
22	27		Fee Required
City & State	City & State		6. Election Campaign Financing \$5.00 May Be
23	28	Ot	Trust Fund Contribution Added to Fees
Zip Country	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax.
24 25	29 30 of Current Registered Agent		10. Name and Address of New Registered Agent
9. Name and Address	of Current Registered Agent	81 Name	10. 1141110 2112 114110 11411
ROOTH, SUSAN A			
7913 SEMINOLE MALL EAST		82 Street Addr	ess (P.O. Box Number is Not Acceptable)
SEMINOLE FL 34642		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  Stanture, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  DATE			
	ICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME JOHN H. COBB		12 NAME	
STREET ADDRESS 21 DRAKE ST		1 3 STREET ADDRESS	
CITY-ST-ZIP EATONS NECK N		1.4 CITY-ST-ZIP	
TITLE ST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME DIANE COBB		2.2 NAME	•
STREET ADDRESS 21 DRAKE ST		2.3 STREET ADDRESS	
CITY-ST-ZIP EATONS NECK N		2. 4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition ☐
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4. CITY-ST-ZIP	
TITLE	☐ DELETÉ	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Colores C Addition
TITLE	☐ D€LETE	5.1 TITLE	Change Addition
NAME		5.2 NAME	,
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition }
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.