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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000057009 (9)  1. Corporation Name  SWEITZER ENTERTAINMENT CORPORATION						
Principal Place of	of Business	Mailing Address				
790 SW 4 ST BOCA RATON	FL 33486	790 SW 4 ST BOCA RATON FL 33486				
						3. Date Incorporated or Qualified 3a. Date of Last Report 07/24/1995
2. Principal Place 21 7/48	ce of Business A BEKA CASA WAY	2a. Mailing Address				4. FEI Number Applied For Not Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
23 BOCA RATEN, FL		28				Trust Fund Contribution Added to Fees
Zip 33433 Country 25		Zip Country 30				8. This corporation has liability for intangible tax under s 199.032, Florida Statutes  Yes  No
24) 4 4	9. Name and Address of Current					10. Name and Address of New Registered Agent
			8	B1	Name	
	R, DANIEL B.		Ē	82	Street Ado	ddress (P.O. Box Number is Not Acceptable)
790 SW 4	4 51 Aton FL 33486		1	В3		
DOOK 19	11011111 00100		-	84	City	<b>₽1</b> 85 Zip Code
					•	FL of the second of the
SIGNATURE	ed agent, or both, in the State of Florid n, and accept the obligations of, Sections Signature hyped or printed name of registered agent to					poration submits this statement for the purpose of changing its registered office oard of directors. I hereby accept the appointment as registered agent. I am  DATE  DATE
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE				P/D Change Addition
NAME	SWEITZER, DANIEL 790 SW 4 ST			1.2 NAME 1.3 STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	BOCA RATON FL 33486			14 CITY-ST-ZIP		
TITLE		DELETE		2 1 7 I T L E		Change Add:tion
NAME			2 2 NA			
STREET ADDRESS					DDRESS 716:	
CITY-ST-ZIP TITLE		DELFTE		2 4 CITY-ST-ZIF*		Change Addition
NAME			3 2 NA	ME		
STREET ADDRESS			3.3 ST	REET	ADDRESS	
CITY-ST-ZIP	TINGLETE.			3.4 CITY - S1 - ZIP		Change Addition
TITLE		☐ DELETE	4. 1 T/ 4.2 NA			
NAME STREET ADDRESS					LODRESS	
CITY-ST-ZIP			4.4 CI			
TITLE		DELETE	5. 1 TI	TLE		Crange Addition
NAME			5.2 NA			
STREET ADDRESS					NODRESS	
CITY-ST-ZIP		DELETE	5.4 Cf		- AP	☐ Change ☐ Addition
TITLE		E) been	5.2 NA			_ · · _

SIGNATURE:

STREET ADDRESS

DANIEL B. SWETTZER,

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 cath; that I am an officer or effector of the composition 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 tr Block 13 th changled or or an attentiment with an address.