

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

FILED
Jun 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P95000086830 (3)
 1. Corporation Name
SWIFT CURRENT PRODUCTIONS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: **980 N. FEDERAL HWY. SUITE 206 BOCA RATON FL 33432**

Mailing Address: **980 N. FEDERAL HWY. SUITE 206 BOCA RATON FL 33432**

2. Principal Place of Business

21 **3601 N DIXIE HWY**

22 **BAY #15**

23 **BOCA RATON FL**

24 **33431** 25 **USA**

2a. Mailing Address

26 **SAME AS**

27 **SAME AS**

28 **SAME AS**

30 **SAME AS**

3. Date Incorporated or Qualified: **09/06/1995**

4. FEI Number: **65-0393378**

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 owes or has paid the current year intangible Personal Property Tax due June 30: Yes No

9. Name and Address of Current Registered Agent

CHLUSKI, JOHN W
980 N. FEDERAL HWY.
SUITE 206
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name: **JOHN W CHLUSKI**

82 Street Address (P.O. Box Number is Not Acceptable): **3601 N DIXIE HWY, BAY #15**

83 City: **BOCA RATON FL** 85 Zip Code: **33431**

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]* **JOHN W CHLUSKI** 5/5/98

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CHLUSKI, JOHN W	
STREET ADDRESS	980 N. FEDERAL HWY., SUITE 206	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KLEBANOFF, JULIE	
STREET ADDRESS	2667 N. OCEAN BLVD., #1609	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CHLUSKI, JOHN W	
1.3 STREET ADDRESS	3601 N DIXIE HWY, BAY #15	
1.4 CITY-ST-ZIP	BOCA RATON, FL 33431	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KLEBANOFF, JULIE	
2.3 STREET ADDRESS	2667 N OCEAN BLVD #1609	
2.4 CITY-ST-ZIP	BOCA RATON, FL 33431	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 prepare 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: *[Signature]* 5/5/98

CREC