## 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

## **FILED** Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90130 004 \*\*\*150.00

## DOCUMENT # P95000086830

SWIFT CURRENT PRODUCTIONS, INC.

Principal Place	of Business	Mailing Address					
3601 N. DIXIE H	-fwy.	3601 N. DIXIE HWY.			1		
BAY #15		BAY #15			DO NOT MIDITE IN THIS CRACE		
BOCA RATON FL 33431		BOCA RATON FL 33431			DO NOT WRITE IN THIS SPACE		
US		US			3. Date Incorporated or Qualifed	Į.	
					09/06/1995	lied For	
2. Principal Pl	lace of Business	2a. Mailing Address				lied For	
21		26			65-0393378 Not	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Rec		
22		27				<u> </u>	
City & State	9	City & State			6. Election Campaign Financing S5.00 N	-	
23		28		.ntm/		rees	
Zip	Country	Zip		intry	8. This corporation owes the current year intangible  Personal Property Tax  Yes	<b>☑</b> No	
24	25	29	30		Personal Property Tax. Li Yes  10. Name and Address of New Registered Agent		
	9. Name and Address of Current	Registered Agent		81 Name	10. Name and Address of New Registered Agent		
CUIT	HOME TOTAL M			Name	_ <u> </u>		
CHLUSKI, JOHN W		82 Street Add		82 Street A	idress (P.O. Box Number is Not Acceptable)		
3601 N. DIXIE HWY.							
BAY # 15				83			
BUU	A RATON FL 33431			84 City	85 Zip C	ode	
				1 1	<u>FL </u>		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the a	bove-named	corporation submits this statement for the purpose of changing its oration's board of directors. I hereby accept the appointment as reg	registered listered	
office of n	egistered agent, or both, in the State of m familiar with, and accept the obligation	r Florida. Such change was a rs of Section 607.0505, Flo	rida Stat	tutes.	Maior s board of directors. Thereby assept the appearance as	,	
	steet wh	he klad	$\sim$	the same	W/CHUSKI 2/13/99		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered	d Agent signature re	equired when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	RS IN 12	
TITLE	D '	☐ DELETE	1.1 T	TTLE	Change	☐ Addition	
NAME	CHLUSKI, JOHN W		1.2 N	IAME			
STREET ADDRESS	3601 N. FDIXIE HWY., BAY #15		1.3 \$	TREET ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33431		1.4 C	ITY-ST-ZIP			
TITLE						}	
NAME	Ð	☐ DELETE	2.1 7	ITLE	☐ Change	RS IN 12 Addition Addition	
	i -	☐ DELETE	_+_		☐ Change	Addition	
STREET ADORESS	KLEBANOFF, JULIE	☐ DELETE	2.1 Ti 2.2 N		☐ Change	Addition	
STREET ADDRESS	KLEBANOFF, JULIE 2667 N. OCEAN BLVD. #1-609	☐ DELETE	2.1 Ti 2.2 N 2.3 S	IAME TREET ADDRESS	☐ Change	Addition	
STREET ADORESS CITY-ST-ZIP TITLE	KLEBANOFF, JULIE	☐ DELETE	2.1 Ti 2.2 N 2.3 S	IAME TREET ADORESS CITY-ST-ZIP	☐ Change	Addition	
CITY-ST-ZIP TITLE	KLEBANOFF, JULIE 2667 N. OCEAN BLVD. #1-609		2.1 TI 2.2 N 2.3 S 2.4 C	IAME ITREET ADDRESS CITY-ST-ZIP ITLE			
CITY-ST-ZIP TITLE NAME	KLEBANOFF, JULIE 2667 N. OCEAN BLVD. #1-609		2.1 Fi 2.2 N 2.3 S 2.4 C 3.1 Fi 3.2 N	IAME ITREET ADORESS I CITY-ST-ZIP ITLE IAME			
CITY-ST-ZIP TITLE NAME STREET ADDRESS	KLEBANOFF, JULIE 2667 N. OCEAN BLVD. #1-609		2.1 Fi 2.2 N 2.3 S 2.4 C 3.1 Fi 3.2 N 3.3 S	IAME STREET ADDRESS CITY-ST-ZIP TITLE IAME STREET ADDRESS			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	KLEBANOFF, JULIE 2667 N. OCEAN BLVD. #1-609	☐ DELETE	2.1 Ti 2.2 N 2.3 S 2.4 C 3.1 Ti 3.2 N 3.3 S 3.4 C	IAME STREET ADDRESS STORY-ST-ZIP STLE STREET ADDRESS STREET ADDRESS STORY-ST-ZIP			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	KLEBANOFF, JULIE 2667 N. OCEAN BLVD. #1-609		2.1 FI 2.2 N 2.3 S 2.4 C 3.1 FI 3.2 N 3.3 S 3.4 C 4.1 TI	IAME ITREET ADDRESS : CITY-ST-ZIP ITLE IAME ITREET ADDRESS CITY-ST-ZIP ITLE	☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	KLEBANOFF, JULIE 2667 N. OCEAN BLVD. #1-609	☐ DELETE	21 JJ 22 N 23 S 2.4 C 3.1 JJ 32 N 3.3 S 3.4 C 4.1 TJ 4.2 N	IAME ITREET ADDRESS : CITY-ST-ZIP ITLE IAME ITREET ADDRESS CITY-ST-ZIP ITLE VAME	☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	KLEBANOFF, JULIE 2667 N. OCEAN BLVD. #1-609	☐ DELETE	21 TJ 22 N 23 S 2.4 C 3.1 TJ 32 N 33 S 34. C 4.1 TJ 4.2 N 4.3 S	TAME TREET ADDRESS CITY-ST-ZIP TILE TREET ADDRESS CITY-ST-ZIP TILE TREET ADDRESS CITY-ST-ZIP TILE TREET ADDRESS STREET ADDRESS	☐ Change	Addition	
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	KLEBANOFF, JULIE 2667 N. OCEAN BLVD. #1-609	☐ DELETE	21 JJ 22 N 23 S 2.4 C 3.1 TJ 32 N 3.3 S 34 C 4.1 TJ 4.2 N 4.3 S 4.4 C 5.1 TJ 5.2 N	TAME TREET ADDRESS TITLE TREET ADDRESS TREET ADDRESS TITLE TREET ADDRESS TITLE TAME TREET ADDRESS TREET ADDRESS TREET ADDRESS TYP-ST-ZIP TITLE TAME	☐ Change	☐ Addition	
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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.

SIGNATURE:

561 367 1644