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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000090916 (4)

SUNWEST MARKETING, INC.

F	rincipal	Place	of	Business
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Mailing Address

FILED May 01 1997 8:00am Secretary of State



617 CLEVELAND STREET SUITE 22 CLEARWATER FL 34615		617 CLEVELAND STREET SUITE 22 CLEARWATER FL 34615-4104								
						3. Date Incorporated or Qualified 11/27/1995	1	te of La	ast Report 96	
_	lace of Business	2e. Mailing Address	F1			4. FEI Number			Applied For	
Sulte, Apt. #, etc.			26 Suite And H at a			59-3348504			Not Applicable	
22		27 Suite, Apr. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State		City & State	+		6. Election Campaign Financing			.00 May Be		
23		28	28			Trust Fund Contribution Added to Fees				
Zip	├			ountry 8. This corporation has liability for intangible tax under s. 1					der s. 199.032,	
24	25 29 30 9, Name and Address of Current Registered Agent			Florida Statutes Yes No						
ALAC	BROSIO, JOSEPH JR	ent negistered Agent		31 N	Name	10. Name and Address of New Reg	JISTOFOO A	gent		
	CLEVELAND STREET				• • • • • • • • • • • • • • • • • • • •					
	TE 22		8	3 2 S	Street Addre	ess (P.O. Box Number is Not Acceptabl	e)			
	ARWATER FL 34615		8	3						
			8	4 0	City		FL	85	Zip Code	
Office or re	to the provisions of Sections 607.09 egistered agent, or both, in the Sta m familiar with, and accept the obl	te of Florida. Such change was :	authorized :	by th	amed corpo e corporation	oration submits this statement for the pu on's board of directors. I hereby accep	Irpose of	changi cintmer	ing its registered nt as registered	
SIGNATURE			· · · · · · · · · · · · · · · · · · ·							
12.	Signature, typed or printed name of registered a OFFICERS A	Igout and title if applicable (NOT NO DIRECTORS	t Registered A	tgent \$	signature require	d when reinstalling)	DAN.	DIDEC	TODO IN 10	
TITLE	D	DELETE	1.1 TITU	 F	T	ADDITIONS/CHANGES TO OFFICE		Cha		
NAME	AMBROSIO, JOSEPH JR		12 NAM	E						
STREET ADORESS	617 CLEVELAND STREET		1.3 STRE	ET ADE	DDRESS					
CITY-ST-ZIP	CLEARWATER FL 34815		1.4 CITY-ST-ZIP		TP P					
TITLE	D DELETE		2 1 1ITL	2 1 TITLE				Cha	nge Addition	
NAME .	WILLIAMS, EUGENE		2 2 NAM	2 2 NAME						
STREET ADDRESS	617 CLEVELAND STREET		2.3 S1RE	2.3 STREET ADDRESS						
CITY-ST-ZIP	CLEARWATER FL 34615	DC) 516	2.4 CHY-SI-ZIP		ZIP			l cho	A delica	
TITLE NAME	D LI DELETE WILLIAMS, ROBERT			3.1 TITLE 3.2 NAME				Cha	nge L. Addition	
STREET ADDRESS	617 CLEVELAND STREET		3.2 NAM 3.3 STRE		DRESS					
CITY-ST-ZIP	CLEARWATER FL 34615		3.4. C(1)							
TITLE		☐ DELEYE	4.1 11111					Cha	nge 🔲 Addition	
NAME			4. 2 NAN	ΛE					İ	
STREET ADDRESS			4.3 STRE	E1 ADD	DRESS					
CITY-ST-ZIP			4.4 CITY		IP					
TITLE		∐ DELEFE	5.1 TiTLI					Cha	nge L Addition	
NAME CTRCCT ADDOCCO			5.2 NAM							
STREET ADDRESS			5.3 STRE							
CITY-ST-ZIP TITLE		DELFTE	5.4 CITY 6.1 TITLE		<u> </u>			Cha	nge Addition	
NAME			6.2 NAM					0.10	- go Livonion	
STREET ADDRESS			6.3 STRE		DRESS				ļ	
CITY-ST-ZIP			6 4 C(1)							

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 supplier ental annual groot 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 of the representation that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address.