SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # P96000001212 (5) SOUTHWEST ENTERPRISES OF CENTRAL FLORIDA, INC. Principal Place of Business Mailing Address 112 GOTH AVE DR WEST 112 GETH MYE DR WEST BRADENTON N BRADENTAN FL 34207 3. Date incorporated or Qualified 3a. Date of Last Report 12/28/1995 2a. Mailing Address Applied For Sanc Not Applicable \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032 Yes No Florida Statutes 30 10. Name and Address of New Registered Agent 81 Name ALLUNIS, SOOTT 112 66 NI AVE DR WEST 82 Street A BRADENTON FL 34207 83 84 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-name office or registered agent, or both, in the State of Floridal Such change was authorized by the cor-agent. I am familia. 19th, and accept the obligations of Section 607.0505, Florida Statutes. its this statement for the purpose of changi rd of directors. Thereby accept the appointmen cept the obligations SIGNATURE of registered agent and their applicable 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (3/96) DELETE TITLE 11 TITLE NAME ALLUMS, SCOTT 1.2 NAME STREET ADDRESS 112 66TH AVE DR WEST 1.3 STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34207** 1.4 CITY - ST - ZIP DE LE TE TOTALE 2.1 THEE NAME **VELEZ, ANTONIO** 2.2 NAME STREET ADDRESS 112 66TH AVE DR WEST 2.3 STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34207** 2 4 CITY - ST - ZIP DELETE TIFLE 3 TITLE NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4 CITY - ST - ZIP DELETE 41 TITLE Change Addition TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ACORESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE Change Addition 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 City - ST - ZIP DELETE TITLE Change [...] Addition 6 LTOLE NAME 6 2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 C(1Y - ST - Z)P 14. I do hereby certify that the information supplied with this filing 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 oath, that Lam an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Bl SIGNATURE: