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

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000013212 (1)

S.W. INVESTMENTS, INC.

Principal Place	e of Business	Mailing Address	.,			AINDRE (NICO LINDI AIBLA ILEL ART)
3435 BAYSHORE BLVD #300 TAMPA FL 33629		C/O WEINSTEIN PO BOX 940385 MAITLAND FL 33629			DO NOT WRITE IN THIS SPACE	
		US			3. Date Incorporated or Qualified 02/08/1996	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-3363261	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27			5. Cermicate of Status Desired	Fee Required
City & State	•	City & State			Election Campaign Financing     Trust Fund Contribution	<b>\$5.00</b> May Be Added to Fees
Žip	Country	Zip	Count	у	8. This corporation owes or has paid the	
24	9. Name and Address of Curre	29	30]		Personal Property Tax due June 30.  10. Name and Address of New Register.	Yes No
10.00		ut uadieralan waan	8	Name	10, Haine and Address of Her negleter	Pa Agont
	INSTEIN, ALAN				<u> </u>	
	N MAITLAND AVE 308		8:	Street	Address (P.O. Box Number is Not Acceptable)	
	: 306 ITLAND FL 32751		8:	3		
TWW	110401202101		84	City		85 Zip Code
			0.	City	F	Zip Code
office or re agent. I ar	to the provisions of Sections 607.05 egistered agent, or both, in the Stati m familiar with, and accept the oblig	e of Florida. Such change was	s authorized t	by the cor	corporation submits this statement for the purpose poration's board of directors. I hereby accept the a	a of changing its registered appointment as registered
SIGNATURE	Signature, typed or printed name of registured ag	gent and title if applicable (N	OTE Registered A	gont signature	required when reinstating) DATI	E
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TETLE	D	<b>≥</b> DEL€TE	1.1 TITLE			Change Addition
NAME	WALKER, SOL		1.2 NAME			
STREET ADDRESS	3435 BAYSHORE BLVD #300	0	1.3 STREI	T ADDRESS		
CITY-ST-ZIP	TAMPA FL 33629		1.4 City.			
TITLE	VPST			ST-ZIP		M or Elemen
NAME		☐ DELETE	2.1 TITLE		RST	Change Addition
	WEINSTEIN, ALAN	_	2.1 TITLE 2.2 NAME		P,S,T	Change Addition
STREET ADDRESS	500 N. MAITLAND AVE. SUIT	_	2.1 TITLE 2.2 NAME 2.3 STREE	I ADDRESS	P,S,T	Change Addition
CITY-ST-ZIP		TE 308	2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY	I ADDRESS		, -
CITY-ST-ZIP TITLE	500 N. MAITLAND AVE. SUIT	_	2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY 3.1 TITLE	et address - St - Zip	VP.	Change Addition
CITY-ST-ZIP TITLE NAME	500 N. MAITLAND AVE. SUIT	TE 308	2.1 TITLE 22 NAME 23 STREI 2 4 CITY 3.1 TITLE 3.2 NAME	et address - St - Zip	VP.	, -
CITY-ST-ZIP TITLE NAME STREET ADDRESS	500 N. MAITLAND AVE. SUIT	TE 308	2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE	ET ADDRESS - ST - ZIP - ST - ADDRESS	VP Harrey Schonbrun 1802 Worth Morgan St.	☐ Change 🗶 Addillon
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	500 N. MAITLAND AVE. SUIT	TE 308	2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 3.4. CITY	ET ADDRESS - ST - ZIP - ST - ADDRESS	VP.	☐ Change 🗶 Addillon
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CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	500 N. MAITLAND AVE. SUIT	TE 308	2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY	ET ADDRESS -ST-ZIP -ST ADDRESS -ST-ZIP -ST ADDRESS -ST-ZIP -ST ADDRESS -ST-ZIP	VP Harrey Schonbrun 1802 Worth Morgan St.	Change X Addition  Change Addition
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CITY-ST-ZIP TITLE NAME STREET ADDRESS	500 N. MAITLAND AVE. SUIT	TE 308	2.1 TITLE 2.2 NAME 2.3 STREI 2.4 CITY 3.1 TITLE 3.2 NAME 3.3 STREI 4.1 TITLE 4.2 NAM 4.3 STREI 4.4 CITY 5.1 TITLE 5.2 NAME	ET ADDRESS -ST-ZIP	VP Harrey Schonbrun 1802 Worth Morgan St.	Change X Addition  Change Addition
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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 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.

**FILED** 

Jan 27 1998 8:00am

Secretary of State