Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90193 027 ***150.00

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

DOCUMENT # P96000018961

1. Corporation Name

SWARTZ	Man Property Managen	MENT, INC.						
Principal Place	e of Business	Mailing Address				18131 11881 18168 16	†11 4 0 1101 1104 1001	
2708 PINEWOOD COURT CLEARWATER FL 34621 2708 PINEWOOD COURT CLEARWATER FL 33761					DO NOT WRITE IN 1	THIS SPACE		
		US			3. Date Incorporated or Qualifed			
					02/28/1996		1	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21					59-3370223		Not Applicable	
	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired	•	5 Additional Required	
22 City 8 City			<u> </u>		6 Floation Compaign Financing \$5.00 May Po			
City & State	•	28			Trust Fund Contribution		ed to Fees	
Zip ·	Country	Zip	Country		8. This corporation owes the current year	ır Intangible		
24 3370	0 / 25	29 30	<u> </u>		Personal Property Tax.	Yes	,≥≥ €\0	
	9. Name and Address of Curren	Registered Agent			10. Name and Address of New Registe	red Agent		
Olata	DTTMAN MOUNDD F		81	Name				
SWARTZMAN, RICHARD E 2708 PINEWOOD COURT			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
CLEARWATER FL 33761			83	·		 		
OLL	ANIAILI I E GOTOT		63					
	•		84	City		FL 85 Z	ip Code	
1. Continue CO. 1500 and CO. 1500 Elevide Statutes the charge 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, typed or printed name of registered agen	it and title if applicable. (NOTE: Re	gistered Agen	nt signature required	d when reinstating) DAT			
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	S AND DIREC	TORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE			Chan	ge 🖺 Addition	
NAME	SWARTZMAN, RICHARD E		1.2 NAME					
STREET ADDRESS			1.3 STREET ADDRESS					
CITY-ST-ZIP	CLEARWATER FL 33761		1.4 CITY-ST-ZIP 2.1 TITLE			Chan	ge	
TITLE	D					Citaté	åe □ ∧comon	
NAME	SWARTZMAN, T A		2.2 NAME					
STREET ADDRESS	2708 PINEWOOD COURT CLEARWATER FL 33761	_	2.3 STREET	ì				
CITY-ST-ZIP			2.4 CITY-S 3.1 TITLE	1-21° = 1,,,,	<u> </u>	Chan	ge Addition	
NAME	·		3.2 NAME					
STREET ADDRESS			3.3 STREE?	ADDRESS			•	
CITY-ST-ZIP			3.4. CITY-S	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE			Chan	ge Addition	
NAME			4. 2 NAME					
STREET ADDRESS		1	4.3 STREET	T ADDRESS				
CITY-ST-ZIP		— □ DELETE	4.4 CITY-S	T-ZIP		[] Chan	ige	
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME			[] Citali	de 🗀 voquou	
NAME STREET ADORESS	,		5.3 STREET	TADDRESS	•			
STREET ADDRESS	•		5.4 CITY-5					
CITY-ST-ZIP	;	DELETE	6.1 TITLE			Chan	ge Addition	
NAME			6.2 NAME					
STREET ANNRESS			6.3 STREET	ADDRESS				

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: (

STREET ADDRESS

813-963-6979