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 #

P96000019907 (0)

SRWD, INC.

《歌歌》,然后就说,一句话的时候,我们是我们的时候是我们的时候,我们就是我们的时候,我们就是我们的人,也没有不知识,我们是我们的人,我们也是我们的人,我们也是我们的一个一个一个一个一个一个一个一个一个

FILED Apr 27 1998 8:00am Secretary of State



Timolparilac	e or pusitiess	Mailing Address				
715 WEST PL		715 WEST PLATT ST.				
TAMPA FL 33	606	TAMPA FL 33606		DO NOT WRITE IN THIS	SPACE	
				3. Date Incorporated or Qualified	OF NOL	
9 Principal P	Place of Business	2a. Mailing Address		03/05/1996 4. FEI Number	I Annied For	
	W. Michigan	26 57 W. MI	chiga		Applied For Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.	Silgin	59-3364767		
	w, 900.	 		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
22 City & Stat	<u> </u>	City & State	 			
	lando Fla.	28 ORIANDO	丰山	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be	
Zip	Country	Zip -	Country		Added to Fees	
24 329	806 25 USA	32806 30	"USA-	8. This corporation owes or has paid the curve Personal Property Tax due June 30.	Yes No	
24)	9. Name and Address of Current	155		10. Name and Address of New Registered		
			81 Name	10	7.00	
	NICA, HERBERT R					
				82 Street Address (P.O. Box Number is Not Acceptable)		
	ITE 1500		83			
TAN	MPA FL 33602		83			
			84 City		85 Zip Code	
				FL	-	
11. Pursuant	to the provisions of Sections 607,0502	and 607.1508, Florida Statutes, II It Florida, Such change was autho	he above-named corp	poration submits this statement for the purpose of	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 agent and into it applicable (NOTL: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	P	-	1.1 TITLE		Change Addition	
NAME	DARDEN, RICHARD W		1.2 NAME			
STREET ADDRESS	715 W. DIAH STREET		1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33606		1.4 CITY-ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE		Change Addition	
NAME			2.2 NAME			
STREET ADORESS		ł	2.3 STREET ADDRESS		•	
CITY-ST-ZIP			2. 4 CITY - ST - ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS		ì	
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addillon	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DC) CYC	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS		i	
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE	· · · · · · · · · · · · · · · · · · ·		6.1 TITLE		☐ Change ☐ Addition	
NAME		1	6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS		1	
					•	
CITY-ST-ZIP	L <u></u>		6.4 CITY-ST-ZIP	<u> </u>		

14. Thereby 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.