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

PROFIT CORPORATION ANNUAL REPORT

1998



H.ORIDA DEPARTMENT OF STATE

**FILED** 

May 05 1998 8:00am

Secretary of State

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## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000056128 (7)

S.W.C. LEASING, INC.

STREET ADDRESS

Principal Place of Business Mailing Address										Aug. 11919 1191	\$1 1\$11 1BE1	
2022 SO. 51ST STREET TAMPA FL 33619				2022 SO. 51ST STREET TAMPA FL 33619					DO NOT WRITE IN	THIS S	SDACE	
								-	Date Incorporated or Qualified	inis s	SPACE	
<u> </u>								3.	07/01/1996			
2. Principal P	Place of Busines	 :S	2a. M	ailing Address				4.	FEI Number		As	oplied For
21				26					59-3390219		No	ot Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				_	Certificate of Status Desired	 ]		Additional
22				27				5.	Certificate of Status Desired	- 	Fee Re	equired
City & State				City & State				6.	Election Campaign Financing	_		May Be
23			28	Zip Country					Trust Fund Contribution			to Fees
	Zip Country							8.	<ul> <li>This corporation owes or has paid the Personal Property Tax due June 30.</li> </ul>	_		langible No
24 25 2 9. Name and Address of Current Re								10, Name and Address of New Registered Agent				
LOBASCIO, MARCO						īŢ	Name					
2022 <b>\$</b> 0. 51ST STREET				90 6			Ctroot Addres	no 15	P.O. Box Number is Not Acceptable)			
TAMPA FL 33619				<b>82</b> Stree			Street Addres	55 (r	Box Number is Not Acceptable)			
173	m A 1 L 000 11	•			83	3						
					84	╬	City				<b>85</b> Zip	Code
										<u>FL</u>		
11. Pursuant	to the provision	s of Sections 607.0	502 and 607.	1508, Florida Statu	tes, the above	/e-	named corporation	ratio	on submits this statement for the purp	ose of	changing it	ts registered
agent. I a	am <b>fa</b> miliar with,	and accept the obl	igations of, S	ection 897.0505. F	orida Statuto	es.	ine corporatio	,,,,,,,,	board of directors. I hereby accept the	- A	100	rogiotoroa
SIGNATURE		Muy		HIMILE.	·				4/	281	78	
	Signature typed or		vient and the Laj			əcni	t signature required		ADDITIONS/CHANGES TO OFFICER	DATE	DIBECTOR	OC IN 12
12.	В	OF TICE HS 7	ND DIBLOTO	DELETE	13.				ADDITIONS/CHANGES TO OFFICER	19 VIAT	Change	Addition
NAME	LOBASCIO	VINCE			1.2 NAME						•	
STREET ADDRESS	2022 S 51				1.3 STREE		INDRESS					i
CITY-ST-ZIP	TAMPA FL	01			1.4 CITY-							
TITLE	VP			DELETE	21 TITLE	-					Change	Addition
NAME	MCKAY, R	ON			2.2 NAME				•	•"		
STREET ADDRESS	2022 S 51				2.3 STREE	ΤA	DDRESS					
CITY-ST-ZIP	TAMPA FL				2. 4 CITY	- \$T	:-ZIP					
TITLE	Preside	AT .		DELETE	3.1 TITLE						Change	Addition
NAME	EdWA	nd RAMINE	Z		3.2 NAME							
STREET ADDRESS	2022	5 5/5 570	607		3 3 STREE	ΙA	ODRESS					
CITY-ST-ZIP	TAMPA	. FL 55	6/9	- <u> </u>	3 4. CITY	ST	- ZIP					
TITLÉ	Vise 1	resident		☐ DELETE	4 1 TITLE						Change	Addition
NAME	JEFF	NEUMM			4 2 NAMI							
STREET ADDRESS	2022 1	5/11 57/	AY P		4 3 STREE	TA	DDRESS					
CITY - ST - ZIP	TMAPA.	Fh 3861,	9	DELETE	4.4 CiTY-	_	· ZIP				Change	Addition
TITLE				DELETE	5.1 TITLE						Change	Modition
NAME					5.2 NAME							
STREET ADDRESS					5 3 STHEE							
CITY-ST-ZIP	ļ. <del>_</del>			DELETE	5.4 CITY-	S1-	- ZIP				Change	Addition
TITLE				[ ] DETEIG	61 TITLE						or range	

6 3 STREET ADDRESS

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 Statules. I further certify that the information indicated on this annual report or suppliemental 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 13 if changed, or on an attachment with an address.