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Mar 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000093306 (4)

1. Corporation Name

S & W PROPERTY MANAGEMENT, INC.

Principal Place of Business

Mailing Address

~~928 GREAT POND DR~~

~~SUITE 2001~~

~~ALTAMONTE SPRINGS FL 32714-7244~~

~~928 GREAT POND DR~~

~~SUITE 2001~~

~~ALTAMONTE SPRINGS FL 32714-7244~~

2. Principal Place of Business

21 455 Douglas Ave

Suite, Apt. #, etc.
22 2155-27

City & State
23 Altamonte Springs, FL

Zip Country
24 32714 25 USA

2a. Mailing Address

26 P.O. Box 916143

Suite, Apt. #, etc.

City & State
27 Longwood FL

Zip Country
28 32791-6143 29 USA

9. Name and Address of Current Registered Agent

SOMMERIO, NICKALES O

~~928 GREAT POND DR~~

~~SUITE 2001~~

~~ALTAMONTE SPRINGS FL 32714-7244~~

3. Date Incorporated or Qualified

11/14/1996

3a. Date of Last Report

4. FEI Number

59-3406887

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

455 Douglas Ave.

STE 2155-27

City

Altamonte Springs

FL

85 Zip Code

32714

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named 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 agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
D
WHEELER, EDWARD
STREET ADDRESS
928 GREAT POND DR SUITE 2001
CITY-ST-ZIP
ALTAMONTE SPRINGS FL 32714-7244

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
T/S
1.3 STREET ADDRESS
455 Douglas Ave., STE 2155-27
1.4 CITY-ST-ZIP
Altamonte Springs FL 32714

☒ Change

☐ Addition

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14. I do 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.

SIGNATURE: *Edward Wheeler* (Edward Wheeler)

3/13/97 (407) 862-4798

CR2E034 (9/96)