SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

OCUMENT # P96000101205 (8)

SOUTHWESTERN CORPORATION

2017 NW 48TH AVENUE APT 402 LAUDERHILL FL 3331\$		2017 NW 46TH AVENU APT 402 Lauderhill FL 33313			DO NOT WRITE IN THIS \$PACE 3. Date Incorporated or Qualified 12/13/1996	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21		26	 		65-0721119	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75 Additional
22		27	27		5. Certificate of Status Desired	Fee Required
City & State		City & State	F1		6. Election Campalgn Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Cour	itry	8. This corporation owes or has paid the	current year Intangible
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Cu	rrent Registered Agent			10. Name and Address of New Registe	red Agent
CO	RPORATION SERVICE COMPA	INY		B1 Name		
1201 HAYS STREET				82 Street Add	dress (P.O. Box Number is Not Acceptable)	_ -
TALLAHA\$\$EE FL 32301-2525				ou obtained	Sicos (i.e. bex number to not ricophable)	
				83		
			-	84 City		85 Zip Code
				City	i	85 Zip Code
SIGNATURE	Signature, typed or printed name of registered	d agent and title if applicable	(NOTE: Registere	d Agent signature re	equired when reinstating) DAT ADDITIONS/CHANGES TO OFFICERS	
TITLE	VD	DELETE	1.1 T(T)	E		Change Addition
NAME	HENRY, OLIVE	Petere	1.2 NAA	Æ		Change C Masses
STREET ADDRESS		PT 402	1.3 STR	EET ADDRESS		:
CITY-ST-ZIP	LAUDERHILL FL 33313		1.4 CITY	(-ST-ZIP		4
TITLE	PD	DELETE				Change Addition
NAME	MORGAN, SONIA		2.2 NAN	Œ .		
STREET ADDRESS			2.3 STR	EET ADDRESS		
CITY-ST-ZIP	ZIP LAUDERHILL FL 33313		2.4 CITY	/-ST-ZIP		<u> </u>
TITLE		DELETE	3.1 TITL	E		Change Addition
NAME		 -	3.2 NAM	IE		- -
STREET ADDRESS	s		3.3 STR	EET ADDRESS		
CITY-ST-ZIP			3.4 CITY	(-ST-ZIP		
TITLE		DELETE	4.1 TITL	E		Change Addition
NAME			4.2 NAM	IE		
STREET ADDRESS	s		4.3 STR	EET ADDRESS		
CITY-ST-ZIP			4.4 CITY	-ST-ZIP		
TITLE		DELETE	5.1 TITL	E		Change Addition
NAME			5.2 NAN	E		1
OTOCCT ADDDCC			E 2 CTD	ET ADDDERE		

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.

DELETE

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE 6.2 NAME

FILED

Oct 07 1998 8:00am

Secretary of State

(2E034 (5/98)