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 # P9700009279 1. Corporation Name

S.P.W. INTERNATIONAL, INC.

FILED Feb 17, 1999 8:00am **Secretary of State**

02-17-1999 90012 028 ***158.75



						44 18118 118		
Principal Place of Business Mailing Address					·			
6921 ANNAPOLIS COURT 6921 ANNAPOLIS COURT								
PARKLAND FL 33067		PARKLAND FL 33067			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed			
					02/06/1997		j	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	$\neg \neg I$	Applied For	
21		26			65-0732817	1	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	• -	Additional	
22		27	27		5. Certificate of Otalus Desired		Required	
City & State		City & State			6. Election Campaign Financing		May Be	
23	<u>. </u>	28			Trust Fund Contribution		d to Fees	
Zip	Country	Zip	Countr	У	8. This corporation owes the current year Intar	ngible Yes	□No	
24	25	29 3	0		Toronal Topony Tan		□140 	
	9. Name and Address of Curren	t Registered Agent	8	1 Name	10. Name and Address of New Registered A	AGUL		
MILIO	CH, PHILIP							
6921 ANNAPOLIS COURT			8:	2 Street Add	ress (P.O. Box Number is Not Acceptable)			
	KLAND FL 33067		8:	3	The second of th	4 %(3	1 43 4 7 5	
			8-	4 City	FL	85 Zij	Code	
		2 and 607 1509 Elorida Statutos	the abov	ve-named corr	poration submits this statement for the purpose of cl	hanging i	ts registered	
office or r	egietored agent or both in the State	of Florida, Such change was auti	horized b	v the comorati	ion's board of directors. I hereby accept the appoint	ment as	registered	
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Florid	ia Statute	is.				
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable /NOTE- Pa	enistered An	ent signature require	ed when reinstating) ; DATE			
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIREC	FORS IN 12	
TITLE	P	☐ OELETE	1.1 TITLE		\$ 1,543 s. T	☐ Change		
NAME	MILICH, PHILIP		1.2 NAME				•	
STREET ADDRESS	6921 ANNAPOLIS CT		1.3 STRE	ET ADDRESS	·			
CITY-ST-ZIP	PARKLAND FL 33067		1.4 CITY-	ST-ZIP				
TITLE	VS	☐ DELETE	2.1 TITLE			Change	e 🗌 Addition	
NAME	MILICH, WILLIS SONDRA		2.2 NAME		·			
STREET ADDRESS	6921 ANNAPOLIS CT		2.3 STRE	ET ADDRESS				
CITY-ST-ZIP	PARKLAND FL 33067		2.4 CITY		- <u></u>			
TITLE		☐ DELETE	3.1 TITLE			☐ Chang	e	
NAME	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		3.2 NAME					
STREET ADDRESS			3.3 STRE	ET ADDRESS	. See All All All All All All All All All A			
CITY-ST-ZIP			3.4, CITY	-ST-ZIP		1 1		
TITLE		☐ DELETE	4.1 TITLE			☐ Chang	e 🔲 Addition	
NAME			4. 2 NAM	E				
STREET ADDRESS	, .		4.3 STRE	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Chang	e 🔲 Addition	
NAME			5.2 NAME	■				
STREET ADDRESS			5.3 STRE	ET ADDRESS				
CITY-ST-ZIP			5.4 CITY-	ST-ZIP	\$			
TITLE		☐ DELETE	6.1 TITLE			☐ Chang	e 🔲 Addition	
NAME			6.2 NAME	:				
STREET ADDRESS	` 		6.3 STRE	ET ADORESS				
CITY ST 7ID			6.4 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.