

2498 B 1438-C  
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 04 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000010670 (2)

1. Corporation Name  
THE SWAMP OF LUTZ, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 100 S ASHLEY DRIVE SUITE 1250 TAMPA FL 33602		Mailing Address 100 S ASHLEY DRIVE SUITE 1250 TAMPA FL 33602	
2. Principal Place of Business 21 934 Guisando de Avila Suite, Apt. #, etc. 22 City & State 23 Tampa, FL 24 Zip 33613 25 Country WA		2a. Mailing Address 26 934 Guisando de Avila Suite, Apt. #, etc. 27 City & State 28 Tampa, FL 29 Zip 33613 30 Country WA	
9. Name and Address of Current Registered Agent SIERRA, MICHAEL 100 S ASHLEY DRIVE SUITE 1250 TAMPA FL 33602		10. Name and Address of New Registered Agent 81 Name Todd Taylor 82 Street Address (P.O. Box Number is Not Acceptable) 83 934 Guisando de Avila 84 City Tampa FL 85 Zip Code 33613	

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 Todd Taylor Todd Taylor President 1/27/98  
Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required when reinstating) (OAT)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SIERRA, MICHAEL 100 S ASHLEY DR, #1250 TAMPA FL 33602 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President Todd Taylor 934 Guisando de Avila Tampa, FL 33613 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE Todd Taylor Todd Taylor President 01/27/98

CR2E034 (10/97)