

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

FILED  
May 15, 1999 8:00 am  
Secretary of State

05-15-1999 90013 019 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT



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

~~1998~~ 1999

DOCUMENT # P97000047393 (8)

1. Corporation Name

SMW, INC. ✓



Principal Place of Business

Mailing Address

7200 NW 2ND AVE. #15  
BOCA RATON FL 33487

7200 NW 2ND AVE. #15  
BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/27/1997

4. FEI Number

65-0757269 ✓

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 22261 TEMPO WAY

26 22261 TEMPO WAY.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 BOCA RATON

28 BOCA RATON

Zip

Country

Zip

Country

24 33428

25 PALM

29 33428

30 PALM

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WYSOCKI, SCOTT  
7200 NW 2ND AVE. #15  
BOCA RATON FL 33487

81 Name

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

22261 TEMPO WAY

83

84

BOCA RATON

FL

85

Zip Code  
33428

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME WYSOCKI, MARIA-GRANDE  
STREET ADDRESS 7200 NW 2ND AVE. #15  
CITY-ST-ZIP BOCA RATON FL 33487

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 22261 TEMPO WAY  
1.4 CITY-ST-ZIP BOCA RATON FL 33428

TITLE D ☐ DELETE  
NAME WYSOCKI, SCOTT PAUL  
STREET ADDRESS 7200 NW 2ND AVE. #15  
CITY-ST-ZIP BOCA RATON FL 33487

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS 22261 TEMPO WAY  
2.4 CITY-ST-ZIP BOCA RATON FL 33428

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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.

SIGNATURE:

Scott Wysocki, Maria Grande Wysocki

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 5-15-99

Daytime Phone: 252-768

CR2E034 (10/97)