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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P97000062172 (6)

## FILED Mar 12 1998 8:00am Secretary of State

SWS E	ENTERPRISES, INC.	(-,					
Principal Place	e of Business	Mailing Address		-	. 10411051 110 16111 (0011 00111 00111 00111		A14 1141 1241
8380 SCOTTISH COURT JACKSONVILLE FL 32244  8380 SCOTTISH COURT JACKSONVILLE FL 32244					DO NOT WRITE IN	THIS SPACE	
				) <u>-</u>	3. Date Incorporated or Qualified		
				- 1	07/17/1997		
2. Principal P	lace of Business	2a. Mailing Address	01	, 4	1. FEI Number	A	pplied For_
21 <i>93</i> 9 .	Halsema Kd N	26 939 Halse	ens Rd N	/	59-3475419	N	ot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional equired
City & State		City & State	1.1		3. Election Campaign Financing	\$5.00	May Be
	ENVILLE, FL	28 JACKSWUIL			Trust Fund Contribution	Added	to Fees
Zip	322.20 Country	- 3000 -	Country	\ €	<ol> <li>This corporation owes or has paid t</li> </ol>		
24 7-6	25	29 52220 30	0]		Personal Property Tax due June 30		□ No
<u> </u>	9. Name and Address of Current	Registered Agent	81 Name	10	). Name and Address of New Regis	tered Agent	
	MERILAWYER CHARTERED		81 Name	St.	ephenW,Spragu	0	
343 ALMERIA AVENUE STRVE SPRAGUE					(P.O. Box Number is Not Acceptable)	\	
CC		HALSEMA RD, N.		- 6.3	180 Scottsk	DOCK TO	
		KSONVILLE, FL 82220	83	Jac	ksonville		
		, , , , , , , , , , , , , , , , , , , ,	B4 City	~~~	K394VIIIC	85 Zip	Code
					·	<b>                                    </b>	<b>ब्रह्मप</b>
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State o	and 607.1508, Florida Statutes, I Florida, Such change was aut	the above-named	corporati	ion submits this statement for the purp board of directors. I bereby accept the	oose of changing it	ts registered   registered
agent. I a	m familiar with, and account the obligation	of Section 607-0505, Floric	da Statutes	P 7		77-	
SIGNATURE	STORY OF THE STORY	tronde	1> XNS	Enler	outs the 3	19/98	
	Signature, typed or minted name of registers trigger	erk little if applicable (NO1E-B	togistored Agent signature	required with	In reinstating / / ADDITIONS/CHANGES TO OFFICER	DATE CIDEOTOR	10 11 10
12.	OFFICERS	DELETE	13.	DCT		Change	Addition
	SPRAGUE, STEPHEN W	Jen beter	1.2 NAME	STEVI	e sprague		
NAME	8380 SCOTTISH COURT	1			alsema RD. N.	$\nu$	
STREET ADDRESS	JACKSONVILLE FL 32244		1.3 STREET ADDRESS	JACKE	SONVILLE, FL 82220		
CITY-ST-ZIP TITLE	UNONCONTRILLE I E GEETT	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE			Change	Addition
NAME		- June	22 NAME	ļ		Citaligo	
				İ			
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY+ST-ZIP 3.1 TITLE	<del></del>	<del></del>	Change	☐ Addition
NAME		- Dictir	3.2 NAME	1		Committee Committee	
STREET ADDRESS			3.3 STREET ADDRESS				
			3.4. CITY-ST-ZIP	[			
CITY+ST-ZIP TITLE		DELETE	4.1 TITLE	<del> </del> -		Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS	<b> </b>			ļ
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME	<b>\</b>			
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	<del> </del> -		Change	Addition
NAME		End Otters	6.2 NAME			مهرستان س	
			6.3 STREET ADDRESS	1			
STREET ADDRESS				<b>!</b>			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	<u> </u>	in 140 07/07/0 Florida Ciat das 14 ad		

4. 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 frustee 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:

Steve Solaque

Ples. SWS Estepin

19/98 901-5

901-786-7785