## 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 # P9700062386 (2)

## FILED Apr 10 1998 8:00am Secretary of State

SWAMF	PLAND WATERWAY MAINTE	ENANCE COMPANY					
Principal Place	e of Business	Mailing Address				) <b>misim ilono diso</b> l 101	JU 0114 1001
1010 SW 7TH AVE. 1010 SW 7TH AVE.							
OKEECHOBEE FL 34972 OKEECHOBEE FL 34972							
					DO NOT WRITE IN TH	HS SPACE	
					3. Date Incorporated or Qualified 07/15/1997		
2. Principal P	rincipal Place of Business 2a. Mailing Address				4. FEI Number	Ar	plied For
21	26				65-0770245		ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	<b>\$8.75</b> / Fee Re	
<del></del> , ·	City & State City & State				6. Election Campaign Financing	\$5.00	May Be
23 28					Trust Fund Contribution	Added t	to Fees
Zip	Country Zip Cou			•	<b>B.</b> This corporation owes or has paid the	current year lot	angible
24	25 29 30				Personal Property Tax due June 30.		No
1.41 (6	9. Name and Address of Curren	it Registered Agent	81	Name	10. Name and Address of New Register	ed Agent	
2801 PONCE DE LEON BLVD., 9TH FLOOR				IName			
				Street Add	ddress (P.O. Box Number is Not Acceptable)		
CORAL GABLES FL 33134			83		F		
			65				
			84	City		<b>85</b> Zip (	Code
11. Pursuant t office or re agent. I ar	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida Statul of Florida. Such change was ations of, Section 607.0505, Fl	les, the above authorized by lorida Statute	the corporal the corporal s.	poration submits this statement for the purposition's board of directors. I hereby accept the		s registered registered
SIGNATURE			<u> </u>				
12.	Signature, typed or printed name of registered age OFFICERS AN		13.	ent signature requi	ired when reinstating) DAT  ADDITIONS/CHANGES TO OFFICERS A		IS IN 12
TITLE	- <del> </del>		1.1 TITLE		ADDITIONO/OFFICIALED TO OFFICE HOLES	Change	Addition
NAME	LEGE, JOHN B		1.2 NAME			<b>—</b>	
STREET ADDRESS	1010 SW 7TH AVE.		1.3 STREET ADDRESS				i
CITY-ST-ZIP	AVECAUADEE EL 24079		1.4 CiTY - S				
TITLE			2 1 1HTLE		· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME	HUNT, RICHARD H		22 NAME				
OTREET ADDRESS	600 BILTMORE WAY, #418		2.3 STREET	ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33134		2 4 CITY-				i
TITLE			3 1 TITLE			Change	Addition
NAME	3.21		3.2 NAME				
STREET ADDRESS	3.3.5		3.3 STRFET	ADDRESS			
CITY-ST-ZIP	3.4.		3.4. CiTY-	ST-ZIP			
TITLE	☐ DELETE 4.1		4.1 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY - S	T-ZIP			
TITLE	DELETE 5.11		5.1 1H1LE			☐ Change	Addition
NAME			5.2 NAME	İ			
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CITY - S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY-S	T-ZIP			

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 suppliemental 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 chapter or on an attachment with an address.

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