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 #

P97000067947 (6)

46,24 47

Southwest ARD CompoRATION

Principal Place of Business

1100 WEST HOMESTEAD ROAD LEHIGH ACRES FL 33936

Mailing Address

1100 WEST HOMESTEAD ROAD LEHIGH ACRES FL 33936

FILED Apr 27 1998 8:00am Secretary of State



LEHIGH ACRES FL 33936		LEHIGH ACRES FL 33936		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	u .
				08/04/1997	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 325			ven st	65-0775895	Not Applicable
Suite, Apt.	#, 6 1C.	Suite, Apt. #, etc.		I 5. Centicate di Status Destred I I	5 Additional
22 27 City & State City & State		_ +!			Required
23 FORT	MYERS, FL	28 FORT MYER	S FL		00 May Be led to Fees
24 339	Country 25 USA	73901	Country In USA	8. This corporation owes or has paid the current year	
29 200	9. Name and Address of Current		0374	Personal Property Tax due June 30. Yes 10, Name and Address of New Registered Agent	No No
POAVE DALTON D					
1100 WEST HOMESTEAD ROAD B2 Street Address (P.O. Box Number is Not Acceptable)					
LEHIGH ACRES FL 33936 3258 FOWLER STREET					
63					
,			84 City	FORT MYERS FL 85 3	ip Code
11 Purcuant	to the provisions of Sections COZ OFOS	and CO7 1509 Florida Statuton			55901
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 617.0505, Florida Statistes.					
	NA	tions of, Section 607 (1505) Flori	da Statutes.	ala Ulula	
SIGNATURE	DALTON D. DKA Signature, typed or printed name of registered agen	it and title if applicable (NOTE 6	Registered Agent signature	required when reinslating) DATE	<u></u>
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 12
TITLE		DELETE	1.1 TITLE	PRESIDENT Chang	ge Addition
NAME			1.2 NAME	THOMAS 6. DRAKE	
STREET ADDRESS			1.3 STREET ADDRESS	1204 3 Ad St. BAST	
CITY-ST-ZIP		The state	1.4 CITY - ST - ZIP	LAHIGH, FL 33972	
TITLE		☐ DELETE	2.1 TITLE	V. PRESIDENT Chang	ge L. Addition
NAME			2.2 NAME	DALTON D. DRAKE	
STREET ADDRESS			2.3 STREET ADDRESS	1430 MANDEL RUAD FORT MYERS, FL 33919	
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	SEQ. / TREASURER LY Chang	ge Addition
NAME			3.2 NAME	A. Greg Smith	io Ci vidacion
STREET ADDRESS			3.3 STREET ADDRESS	1450 TANGLEWOOD PARKWAY	
CITY-ST-ZIP			3.4. ITY - ST - ZIP	FORT MYEAS, FL 33919	
TITLE		☐ DELET E	411 LE	Chang	ge L Addition
NAME			4. 2 AME	100002501421	
STREET ADDRESS			4.3 S REET ADDRESS	-04/27/9801081012	
CITY-ST-ZIP			4.4 C TY-ST-ZIP	***150.00	
TITLE		☐ DELETE	5.1 THILE	LJ Chang	e L Addition
NAME			5.2 NAME		か >
STREET ADDRESS			5.3 STREET ADDRESS		427
CITY-ST-ZIP TITLE		DELETE	5.4 CITY - ST - ZIP	Chann	no Addition
NAME	i	பு மட்டி	6.1 TITLE 6.2 NAME	L] Chang	ge [_] Addition
STREET ADDRESS			6.3 STREET ADDRESS		ļ
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. Thereby o	ertify that the information supplied wit	h this filing does not qualify for t	he exemption stated	d in Section 119.07(3)(i), Florida Statutes. I further certify that t	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 change 1 or private an attachment with an address.					