## 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 # P97000069772 (6)

SWAN CAPITAL CO

UITAN	ON TINE OO.			
Principal Plac	ce of Business	Mailing Address		T HORITAGE HID FOUR FOORE BORK DOUR BOILS OFFIS DIVID TOTAL COOK 14010 (1001 1004
720 SOUTH	ORANGE AVENUE	720 SOUTH ORANGE	AVENUE	
SARASOTA	EL 24226	SARASOTA FI 34298		DO NOT WRITE IN THE SPACE
BIL COLLINGWOOD CT UNIVERSITY PARK FL 34201 S				DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified
UNIU	exsity PARK I	FL 34201 .	SAMO	08/12/1997
2. Principal Place of Business 2a. Mailing Address				4 551111
26			4. FEI Number 65-077 3453 Applied For Not Applied	
Suite, Apt. #, etc. Suite, Apt. #, etc.			SR 75 Additional	
27				5. Certificate of Status Desired Fee Required
City & State City & State			6. Election Campaign Financing \$5.00 May Be	
Zin Zin		28	Country	Trust Fund Contribution
Zip 24	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No
41	25 S. Name and Address of Cui	rrent Registered Agent	30	Personal Property Tax due June 30.  Yes No  10. Name and Address of New Registered Agent
CII	LBERSTEIN, DAVID M		81 Name	186 and transaca de reast profitables Liffalle
720 SOUTH ORANGE AVENUE SARASOTA FL 34236			90 0	trose (D.O. Davikla measile blot Accessible)
			82 Street Add	dress (P.O. Box Number is Not Acceptable)
•	1000000		83	
			84 City	FL 85 Zip Code
SIGNATURE		AND DIRECTORS	OTE: Registered Agent signature requi	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	TRESIDENT	DELETE	1.1 TITLE	☐ Change ☐ Additio
NAME	BILL COLLINGUE UNIV. PARK	ಪ ್ಷ	1.2 NAME	
STREET ADDRESS	BILL COLLINGE	500 CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	UNIV. PARK	(2 su 201	1.4 CITY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Additio
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP		☐ DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE	Change Additio
NAME			3.2 NAME	E circling
STREET ADDRESS			3.2 NAME  3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE	<del></del>	DELETE	4.1 TITLE	☐ Change ☐ Additio
NAME		<del>_</del> -··	4. 2 NAME	_ · · · ·
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP	]		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Additio
NAME			5.2 NAME	
STREET ADDRESS	}		5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		DELETE	6.1 TITLE	Change Additio
NAME	1		6.2 NAME	

14. I hereby certify that the information supplied with this filling 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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

**FILED** 

Feb 16 1998 8:00am

Secretary of State