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PROFIT CORPORATION ANNUAL REPORT 1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000091545 (8)

S.W.F.M.S. CORPORATION

Principal Place of business	Mailing Address
12497 TAMIAMI TRAIL SOUTH, SUITE 10 WARM MINERAL SPRINGS FL 34287	12497 TAMIAMI TRAIL SOUT WARM MINERAL SPRINGS F

FILED May 11 1998 8:00am Secretary of State



Dringing Piece of Business H. SUITE 10 L 34287 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/23/1997 2. Principal Place of Business 2a. Mailing Address Applied For 65-0279162 21 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible X Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 GRIBBLE, J. STEVEN 3380 TAMIAMI TRAIL, SUITE C 82 Street Address (P.O. Box Number is Not Acceptable) **PORT CHARLOTTE FL 33952** 84 City 85 Zip Code 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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, typed or printed name of registured agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE **PDST** 1.1 TITLE NAME KEE, CHARLES E 1.2 NAME 12497 TAMIAMI TRAIL SOUTH, SUITE 10 STREET ADDRESS 1.3 STREET ADDRESS WARM MINERAL SPRINGS FL 34287 CITY-ST-ZIP 1.4 CMY-ST-ZIP DELETE Change Addition TIME 21 THE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - 7IP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-\$1-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City - ST - ZIP DELETE Channe Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 Plots 13 of Plots 14 of Plots 14 of Plots 15 of Plots 1 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ONL. N. L. DEKK