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**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000098484 (3)

S & W ENTERPRISES, INC.

## **FILED** Jan 30 1998 8:00am Secretary of State



| Principal Plac   | e of Business                                |                                     | Maile                                      | ing Address             | •                 |   |   |                | 1 10011001       | 116 SB 11 (BB)  <b>6</b> 8 | III ##III <b>1</b> | #111 #\$1 # <b>(</b> #) | 91 49 (fi <b>6</b> / | 0 DF 161      | 1 <b>410</b> 1 ( <b>80</b> 1        |
|--|--|-------------------------------------|--|-------------------------|-------------------|---|---|----------------|------------------|----------------------------|--------------------|-------------------------|----------------------|---------------|-------------------------------------|
| 4890 LA ROS<br>NORTH POR   |  |                                     | 4890 LA ROSA AVENUE<br>NORTH PORT FL 34287 |                         |                   |   |   |                | DO MO            | X IIIDIT                   | e na tanà          | ODAGE                   |                      |               |                                     |
|  |  |                                     |  |                         |                   |   |   | -              | O Data In a      |                            |                    | E IN THIS               | SPACE                |               |                                     |
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| 6 Delevioral C   | Nana of Dunings                              |                                     | 100 1                                      | Apiling Adds            |                   |   |   | +              | 11/19/1          |                            |                    |                         | <del></del>          | -             |                                     |
| ¬ `  | Principal Place of Business                  |                                     | 2a. Mailing Address                        |                         |                   |   | }   | 4. FEI Numb    | 7797             | 20                         | /                  | <b>}</b> -              | <del></del>          | plied For     |                                     |
| Suite, Apt.  | # etc  |                                     | 26   | Suite, Apt. #,          | oto               |   |   |                | 000              | 11/6                       | X0 1               |                         | φ <sub>0</sub>       | $\rightarrow$ | Applicat<br>dditional               |
| J Soile, Apr.  | . <del>w</del> , <b>e</b> tc.                |                                     | 27   | ouite, Apr. #,          | , BIC.            |   |   | 1              | 5. Certificate   | of Status De               | sired              |                         | • -                  | -             | aditional<br>guired                 |
| o ola  |  |                                     |  | City & State            |                   |   |   |                | 6. Election C    | ampaign Fina               | ancing             |                         | \$5                  | .00           | May Be                              |
| <u>]</u>   |  |                                     | 28   |                         |                   |   |   |                | Trust Fund       | Contribution               |                    |                         |                      |               | Fees                                |
| Zip  | _ 0  | untry                               | Z  | <b>Ž</b> ip             |                   | Countr  | У   |                | 8. This corpo    | ration owes                | or has p           | aid the cu              | rrent ye             | ar Inte       | ıngible                             |
| 1  | 25   |                                     | 29   |                         |                   | 30  |   |                |                  | roperty Tax o              |                    |                         | Yes                  |               | No                                  |
| <del></del>  | 9. Name and A                                | ddress of Curre                     | ent Registe                                | red Agent               |                   |   | 1   |                | 0. Name and      | Address of                 | New R              | egistered               | Agent                |               |                                     |
| AN   | MERILAWYER                                   |                                     |  |                         |                   | 81  | Nam   | 0              |                  |                            |                    |                         |                      |               |                                     |
|  | 3 ALMERIA AVEN                               |                                     |  |                         |                   | 82  | Stree   | t Address      | (P.O. Box Nu     | mber is Not                | Accepte            | ible)                   |                      |               |                                     |
| CC   | DRAL GABLES FL                               | 33134                               |  |                         |                   | 83  |   |                |                  |                            |                    |                         |                      |               |                                     |
|  |  |                                     |  |                         |                   |   |   |                |                  |                            |                    |                         |                      |               |                                     |
|  |  |                                     |  |                         |                   | 84  | City  |                |                  |                            |                    | FL                      | 85                   | Zip C         | ode                                 |
| 1. Pursuant  | to the provisions of<br>registered agent, or | Sections 607.05                     | 02 and 607                                 | .1508, Floric           | da Statute        | es, the abov  | e-name  | d corpora      | tion submits t   | his statement              | for the            |                         |                      | ing its       | registere                           |
| office or i  | registered agent, or                         | both, in the Stat                   | te of Florida                              | Such chan               | ge was a          | authorized b  | y the co  | rporation'     | s board of dir   | actors. I here             | by acce            | pt the ap               | oointme              | nt as r       | egistered                           |
| enent la   | am familiar with and                         | Accord the oblig                    |  |                         |                   |   | ı.c   |                |                  |                            |                    |                         |                      |               |                                     |
| •  | am familiar with, and                        | accept the obli                     | ganons or, c                               | Section 607.            | vous, rid         | nica bialate  | ıS.   |                |                  |                            |                    |                         |                      |               |                                     |
| •  | am familiar with, and                        |                                     | _  |                         |                   | E: Regislered Ag  |   | ife required w | hen reinstating) |                            |                    | DATE                    | ···········          |               |                                     |
| SIGNATURE  | Signature, typed or printed                  |                                     | gent and title if a                        | applicable<br>ORS       | (NOT)             |   |   | ure required w |                  | /CHANGES 1                 | O OFFI             |                         | D DIREC              | TOR           |                                     |
| SIGNATURE  | Signature, typed or printed                  | name of registered a<br>OFFICERS AI | gent and title if a                        | applicable              | (NOT)             | E: Regislered Ag  |   | re required w  |                  | /CHANGES 1                 | O OFFI             |                         | D DIREC              |               | S IN 12                             |
| SIGNATURE<br>12.   | PSTD MCLELLAN, W                             | name of registered a OFFICERS AF    | gent and title if a                        | applicable<br>ORS       | (NOT)             | E: Registered Ag  |   | ye required w  |                  | /CHANGES 1                 | O OFFI             |                         |                      |               |                                     |
| SIGNATURE  12.  IITLE  NAME  | PSTD<br>MCLELLAN, W<br>4890 LA ROSA          | OFFICERS AND ALTER RAVENUE          | gent and title if a                        | applicable<br>ORS       | (NOT)             | 13. 1.1 TITLE   |   |                |                  | /CHANGES 1                 | O OFFI             |                         |                      |               |                                     |
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| SIGNATURE  12.  ITLE  HAME  STREET ADDRESS  CITY-ST-ZIP  | PSTD<br>MCLELLAN, W<br>4890 LA ROSA          | OFFICERS AND ALTER RAVENUE          | gent and title if a                        | applicable<br>ORS       | (NOTI             | E: Registered Ag  13.  1.1 TITLE 1.2 NAME 1.3 STREE   | ont signal.   |                |                  | /CHANGES 1                 | O OFFI             |                         |                      | inge          |                                     |
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Block 12 or Block 13 if changed, or on an attachment with an address