

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999 2001		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 298000000119

1. Corporation Name
SWFIC # & Associates, Inc.

Principal Place of Business
9174 BONITA BEACH RD. #102
BONITA SPRINGS, FL. 34135

Mailing Address
9174 BONITA BEACH RD #102
BONITA SPRINGS, FL. 34135

2. Principal Place of Business 21 9174 BONITA BEACH RD. Suite, Apt. #, etc. 22 # 102 City & State 23 BONITA SPRINGS, FL Zip 24 Country 25	2a. Mailing Address 26 9174 BONITA BEACH RD. Suite, Apt. #, etc. 27 # 102 City & State 28 BONITA SPRINGS, FL Zip 29 Country 30 U.S.A.
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3. Date Incorporated or Qualified 1993	4. FEI Number 65-1811189	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent JOEL POWLESS 9174 BONITA BEACH RD. #102 BONITA SPRINGS, FL. 34135	10. Name and Address of New Registered Agent 81 Name JOEL POWLESS 82 Street Address (P.O. Box Number is Not Acceptable) 9174 BONITA BEACH RD. 83 # 102 84 City BONITA SPRINGS FL 85 Zip Code 34135
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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 607.0505, Florida Statutes.

SIGNATURE Joel S. Powless DATE 9/17/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOEL POWLESS 1820 C BALD EAGLE DR. NAPLES, FL. 34105	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100004616881--0 -10/01/01--01010--007 ****300.00 ****300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT ROBERT POWLESS 3 BROOK LANE FLORA, IL. 62839	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER SHAWNA POWLESS 1820 C BALD EAGLE DR. NAPLES, FL. 34105	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY JUDIE POWLESS 3 BROOK LANE FLORA, IL. 62839	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	201.25 - AR 10.00 - AR 88.75 - AR	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 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, with all other like empowered.

SIGNATURE: Joel S. Powless JOEL POWLESS

9/17/2001

(941) 943-4474

CR2E034 (1/98)

SWFIC 2, INC.
~~1820 Bald Eagle Drive, #C~~
~~Naples, FL 34105~~
~~(941) 659-8878~~
948-4474

pg. 2 of 2
9174 Bonita Beach Rd. #102
Bonita Springs, FL 34135

September 6, 2001

Florida Department of State
Division of Corporations
Uniform Business Report
Post Office Box 1500
Tallahassee, Florida 32302-1500

Re: SWFIC 2, Inc.
FEI Number 65- 1811189

Dear Sir or Madam:

Please find enclosed the signed 2000, and 2001 Uniform Business Report (UBR) for the above-referenced corporation, along with a check in the amount of \$300 payable to Department of State.

For reasons unknown to me, I did not receive the 2001 UBR in the mail. Since the corporation previously changed its mailing and principal address it may be possible that the UBR was mailed to the former address of the corporation and was not forwarded to me.

I am requesting a waiver of the penalty for late filing due to these extenuating circumstances. I would appreciate your consideration of this request. If you should have any questions, please do not hesitate to contact me.

Respectfully,

Joel J. Powless

Joel Powless, President

JP:jw
encls.