PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000011039

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90249 030 ***150.00

SWOOP	P ENTERPRISE, INC.		failing Address	· · · · · · · · · · · · · · · · · · ·						
5335 NW 119TI			35 NW 119TH TERR							
CORAL SPRING			DRAL SPRINGS FL 3307	6						
							DO NOT WRITE	IN THIS	SPACE	
							3. Date Incorporated or Qualifed 02/02/1998			
2. Principal Place of Business 2a. Mailing Addre			, Mailing Address	ss			4. FEI Number			Applied For Not Applicable
Suite, Apt.	. #, etc.	1501	Suite, Apt. #, etc.							5 Additional
22		27					5. Certifcate of Status Desired			Required
City & Stat	te	28	City & State				Election Campaign Financing Trust Fund Contribution			0 May Be
Zip	Country	1201	Zip	Coun	itrv		8. This corporation owes the current	t year Into		d to rees
24				30			Personal Property Tax.	it year mita	∐Yes	×400
	9. Name and Address of Curre		stered Agent	1001			10. Name and Address of New Re	aistered A	_	γ_30/v
				1	81 N	Name				
SVO	ipa, ashley a			L						
	5 NW 119TH TERR				82 5	Street Addre	ss (P.O. Box Number is Not Acceptabl	e)		
COR	RAL SPRINGS FL 33076			1	83		· · · · · · · · · · · · · · · · · · ·			
!									T	
				'	84 (City		FL	85 Zi	p Code
office or r agent. I a	registered agent, or both, in the State am familiar with, and accept the oblig	e of Florid	da. Such change was a	authorized l	by the	amed corpor e corporation	ration submits this statement for the pu's board of directors. I hereby accept to	irpose of o the appoin	hanging tment as	its registered registered
SIGNATURE		ent and title	if applicable. (NOTE	: Registered A	gent sig	nature required y	when reinstating)	DATE		· · ·
12.	Signature, typed or printed name of registered age OFFICERS A			: Registered A	gent siç	gnature required v	when reinstating) ADDITIONS/CHANGES TO OFFICE		DIRECT	FORS IN 12
	Signature, typed or printed name of registered ag					gnature required v			DIRECT	
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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: