PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000013092

SOUTH WEST BUSINESS PARK, INC.

Principal Place of Business Mailing Address 4421 NORTHWEST 65TH TERRACE 4421 NORTHWEST 65TH TERRACE GAINESVILLE FL 32606 GAINESVILLE FL 32606 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 02/10/1998 FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3492505 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country _____ Country This corporation owes the current year intangible Zip Personal Property Tax. Yes No 25 30 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Kish **AMERILAWYER** dress (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE NW **CORAL GABLES FL 33134** Zip Code 37606 Gai nesville 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 register 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. SUN KIND OTE SIGNATURE CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 AND DIRECTORS 13. 12. OFFICERS Change ☐ DELETE 1.1 TEILE TITLE PSTD KISH, JOHN JR. 1.2 NAME NAME 4421 NORTHWEST 65TH TERRACE 1.3 STREET ADDRESS STREET ADDRESS **GAINESVILLE FL 32606** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 21 TITLE TIME 2 2 NAME NAME 2.3 STREET ADDRESS STREET AROSE 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 3.1 TITLE TIPLE 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS A. CITY-ST-ZIP CITY-ST-ZP Addition Change DELETE TITLE 4.1 TITLE 4.2 NAME NAME 4.3 STREET ADORESS STREET ADDRES 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change TITLE 5.1 TITLE 5.2 NAME NAME S 3 STREET ADORESS STREET ADDRESS 54 CITY-ST-787 CITY-ST-ZIP ☐ Change Addition DELETE 6.5 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

Signature required

14. 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 signafure shalf 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 individed 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.

FILED

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90218 010 ***150.00