PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P98000044279

1. Corporatio	In Name	·						
SSWP MANAGEMENT CORPORATION								. )
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Principal Plac	e of Business	Mailing Address			1 (200000) (1) 10 10 10 10 10 10 10 10 10 10 10 10 10	i #8itr anns as	<b></b>	Phile care cate
625 MAIN STRE		625 MAIN STREET #100						
WINDERMERE		WINDERMERE FL 34786			DO VIOT MOIT	e as TUIC	CDACE	
1					DO NOT WRITE	E IN THIS	SPACE	
					3. Date incorporated or Qualifed			
					05/15/1998 4. FEI Number		Ann	lied For
	Place of Business	2a. Mailing Address	198 4	Je.	1 69-345/0	( V )	- <del> </del>	Applicable
27 <b>3</b> 7 <b>1</b>	V. Orange Ave	26 J / N . / / G / Suite, Apt. #, etc.	1 <del>4</del> x 13		373		\$8.75 A	
Suite, Apt.	* 800	27 Suite 80	V		5. Certificate of Status Desired		Fee Re	
City & Star		City & State			6. Election Campaign Financing	·	_\$5.004	May 86
	ando, FL	20 Orlando, F	-		Trust Fund Contribution	` []	Added to	Fees
Zip	Country	Zip	Country		8. This corporation owes the curre			
24 3280	0   25	29 7280 1 30			Personal Property Tax.			□No
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Re	egistered /	Agent	
			81 Nan	18				
	.C. CO.		82 Stre	et Addre	153 (P.O. Box Number is Not Acceptate	ole)		
	SOUTH ORANGE AVENUE		1_1	_			<del></del>	
	TRUST CENTER #2300		83					
UNL	ANDO FL 32802		84 City	,		FL	85 Zip C	ode
<u> </u>						F L	changing its	registered
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes, i of Florida, Such channe was autho	the acove-nam	moratio	n's hoerd of directors. I hereby accept	the appoin	itment as reg	istered
		of Florida. Soci citarigo mas soci	211560 03 1110 00	polation	,,		_	
agent. 1	approximately agent, of doin, in the disast of	ions of, Section 607.0505, Florida	Statutes.	المالية المرار	pration submits this statement for the parties board of directors. I hereby accept	4.2	1.66	ļ
agent. 1	1/2	PRESID	<u> Xelvi</u>	Ja	FREY L. KLEIN	4.27	7.99	
SIGNATURE	1/5	t and title if applicable. (NOTE: Reg	<u> Xelvi</u>	Ja	TRET L. RUCI~	DATE	D DIRECTO	RS IN 12
	Signature, types of parties name of registered agent	t and title if applicable. (NOTE: Reg	Jelerad Agent signati	Ja	when reinfatting)	DATE	777	
SIGNATURE	Signature, types of place name of registered signature OFFICERS AND	and tribe if applicable. (NOTE: Reg D DIRECTORS	VEH/) patered Agent signatu 13.	ne required	when reinflating) ADDITIONS/CHANGES TO OFF	DATE ICERS AN	D DIRECTO	RS IN 12
SIGNATURE 12. TITLE	Signature, typical parties name of registered agent OFFICERS AND D KLEIN, JEFFREY L	and tribe if applicable. (NOTE: Reg D DIRECTORS	stand Agent signatu 13.	ne required	when reinflating) ADDITIONS/CHANGES TO OFF	DATE ICERS AN	D DIRECTO	RS IN 12
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SIGNATURE  12.  TITLE  NAME	Signature, type of price name of registered agent OFFICERS AND  KLEIN, JEFFREY L  925 MAIN STREET #100	and tribe if applicable. (NOTE: Reg D DIRECTORS	pistered Agent aigness 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRE	ne required	when reinflating) ADDITIONS/CHANGES TO OFF	DATE ICERS AN	D DIRECTO	RS IN 12
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SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, type of place name of registered special OFFICERS AND KLEIN, JEFFREY L. 025 MAIN STREET 190 WINDERMERE FL 34788	and title if applicable. (NOTE: Res	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRE 1.4 CITY-ST-ZIP 2.1 TITLE	ss 37	when reinflating) ADDITIONS/CHANGES TO OFF	DATE ICERS AN	D DIRECTOR	RS IN 12
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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 on 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 chapter 6 or on an extachment with an address, with all other like empowered.

SIGNATURE:

PRESIDENT

4.27.99 4

401. 872. 1197 Deylina Phone 3

May 10, 1999 8:00 am Secretary of State

05-10-1999 90033 002 \*\*\*150.00