


FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90074 033 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000057507 1. Corporation Name SWFRI OF KINGS HIGHWAY, INC.					
Principal Place of Business 1500 COLONIAL BLVD SUITE 102 FORT MYERS FL 33907			Mailing Address 1500 COLONIAL BLVD SUITE 102 FORT MYERS FL 33907		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/22/1998 4. FEI Number 65-0851101	
24		25		29	
26		27		28	
29		30		31	
9. Name and Address of Current Registered Agent YORK, RONALD W 1500 COLONIAL BLVD SUITE 102 FORT MYERS FL 33907			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME D STREET ADDRESS YORK, RONALD W CITY-ST-ZIP 1500 COLONIAL BLVD STE 102 FORT MYERS FL 33907			1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D/P 1.2 NAME York, Ronald W. 1.3 STREET ADDRESS 1500 Colonial Blvd Ste 102 1.4 CITY-ST-ZIP Fort Myers, FL 33907		
TITLE <input type="checkbox"/> DELETE NAME D STREET ADDRESS YORK, MARCIA L CITY-ST-ZIP 1500 COLONIAL BLVD STE 102 FORT MYERS FL 33907			2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ON/IT/S 2.2 NAME York, Marcia L. 2.3 STREET ADDRESS 1500 Colonial Blvd Ste 102 2.4 CITY-ST-ZIP Fort Myers, FL 33907		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

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: Ronald W. York
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RONALD W. YORK

11/05/99 941-936-5556 x14
 Date Daytime Phone #

CR2E034 (11/98)