PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90030 027 ***150.00

DOCUMENT #	P98000093418	3

1. Corporation	n Name							
SWISSO	ONN INDUSTRIES, INC.							
Principal Place of Business Mailing Address								
89 RIDGE FIELD PLACE ORMOND BEACH FL 32174 89 RIDGE FIELD PLACE ORMOND BEACH FL 32174								
UHMUNU BEAC	H FL 32174	UNMORU BEAUS PL 32174			DO NOT WRITE IN THIS S	PACE		
					3. Date Incorporated or Qualifed	_		
					11/02/1998			
Principal Place of Business Za. Mailing Address					4. FENUNDELLED FOR	 	olied For	
21	26				HADRIED HOK		Applicable	
Suite, Apt. #, etc.				-	5. Certificate of Status Desired	\$8.75 A Eee Re	dditional guired	
22 27 City & State City & State					& Election Compaign Financing	\$5.00	·	
City & State City & State					Trust Fund Contribution	Added to		
Zip	<u></u>				B. This corporation owes the current year Intar	rgible		l
24	25	29 3	0		1 Cibotas i Topotty i all		⊠ No	l
	9. Name and Address of Current	Registered Agent		F	10. Name and Address of New Registered A	gent		l
TUO	DOE TAMES C		81	Name				
THORPE, JAMES G			82	Street Addre	ess (P.O. Box Number is Not Acceptable)			1
89 RIDGE FIELD PLACE ORMOND BEACH FL 32174			83					1
Ot im	IOND DESCRIPTION			Ĺ <u>.</u>		.		
			84	City	FL	85 Zip C	ode	ı
-11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the abov	e-named corpo	oration submits this statement for the purpose of c	nanging its	registered	l
office of r	registered agent, or both, in the State or im familiar with, and accept the obligation	f Florida. Such change was aut ons of, Section 607.0505, Florid	horized by la Statutes	the corporation.	oration submits this statement for the purpose of c n's board of directors. I hereby accept the appoint	ment as reg	JISTETEU	l
SIGNATURE		•						
	Signature, typed or printed name of registered agent.			nt algnature required		DISECTO	DC IN 12	8
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition	(11/98)
TITLE	1 7	- Descrip	1.2 NAME	Ì		_ ,	_	
NAME STREET ADDRESS	By Ridge Block	FIELL PLACE		TADDRESS				ROEDA
CITY-ST-ZIP	OTHORD BOOK FE	- 32174	1.4 CITY-S					8
TITLE	Sec.	DELETE	2.1 TITLE			Change	Addition	٥
NAME	Timothy woode,	_	2.2 NAME					ı
STREET ADDRESS			2.3 STREE	T ADDRESS	•			l
CITY-ST-ZIP	Daytona Beach F		2.4 CITY-5	ST-ZIP		Change	☐ Addition	ı
TITLE	VICE PRESIDENT	☐ DELETE	3.1 TILE			change	☐ Addition	ĺ
NAME	Jumes R. Welsh 532 casome br.		3.2 NAME				·	1
STREET ADDRESS	Port Orange EL	32147	· .	TADDRESS				
CITY-ST-ZIP	1017 01-4170 00	DELETE	3.4. CITY-5 4.1 TITLE	N-28*		Change	Addition	ĺ
NAME	J		4.2 NAME				1	
STREET ADDRESS			1	T ADDRESS .				
OTY-ST-ZIP			44 C/TY-S	1				
TITLE		C) OELETE	5.1 TITLE			☐ Change	Addition	
NAME	5.24		5.2 NAME					ĺ
STREET ADDRESS	SIRCEI ADDRESS		2	TADDRESS				İ
CITY-ST-ZIP	1		5.4 CITY+S	T-ZIP				i
		[] DELETE	6.1 TITLE			Change	Addition	1

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 copporation 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 chapted, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS