FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOÇUMENT # P98000096477

1. Corporation Name

Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90066 044 ***150.00

SOUTHWEST PROTUFF INC.								
Principal Place of Business Mailing Address				_	- I IMPRIMAN THE LUID I MAILS COLOR MAILS BRISH		VIVII (BB (1	1881 1881
2470 BRITANNIA ROAD	2470 BRITANNIA ROAD				1			
SARASOTA FL 34231 SARASOTA FL 34231					DO MOT MEDITE IN THE			
,					DO NOT WRITE IN THIS	SPACE	<u>-</u>	
					3. Date Incorporated or Qualifed 11/12/1998			1
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied	d For
2. Principal Place of Business	— ·	⊢ •			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			plicable
21	Suito Ant # etc	Suite, Apt. #, etc.		_			 _	-
Suite, Apt. #, etc.		27			5. Certificate of Status Desired Fee Required			
City & State	City & State	<u></u>		6. Election Campaign Financing \$5.00 May Be			/ Be	
23	28	— · · · · ·			Trust Fund Contribution Added to Fees			
Zip Country				Country 8. This corporation owes the curren				
24 25	29	30	•		Personal Property Tax.	Z Yes	: 🗆 t	٧o
9. Name and Address of Cui				_	10. Name and Address of New Registered	Agent		
		_	81	Name	,			
GARDI, LES		•	82	Etropt Adds	ess (P.O. Box Number is Not Acceptable)	_		
7061 S TAMIAMI TRAIL			02	Sileet Audi	ess (F.O. Box (vullber is Not Acceptable)			
SARASOTA FL 34231-5559			83	_				
				<u></u>		last	Zi- C-d	
			84	City	Fi	85	Zip Code	3
agent. I am familiar with, and accept the ob-				signature required	d when reinstating) DATE			_
12. OFFICERS AND DIRECTORS		13.		<u> </u>	ADDITIONS/CHANGES TO OFFICERS A			
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NAME Marian Kost	41	1.2 N	VAME					
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14. I hereby certify that the information supplied with this filling 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 arrows, with all other like empowered.

SIGNATURE:

QUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 18.