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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000097251

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90181 042 ***150.00

SWORDS	S ENTERPRISE, INC.							
Principal Place	e of Business	Mailing Address			f EMBLEMME SIM IMIOT SOSII OGIJE AMIS) 60 461 06 119 (044) (08	IN 1900) Dilat ilki tohi	
Principal Place of Business Mailing Address 1053 EL MAR AVE. FT. MYERS FL 33919 Mailing Address 1053 EL MAR AVE. FT. MYERS FL 33919					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed 11/16/1998			
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		Applied For	
21		26			<u>65-0874329</u>		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		.75 Additional ee Required	
City & State	е	City & State			6. Election Campaign Financing	□ \$ <u>\$</u>	5.00 May Be	
23		28			Trust Fund Contribution	A	dded to Fees	
Zip	Country	Zip	Country		8. This corporation owes the curre		. 	
24	25	29	30		Personal Property Tax.	Ye Agost		
	9. Name and Address of Curre	ent Registered Agent	81 Name		0. Name and Address of New Ro	egistered Agent		
REGI	LE, BELINDA		(b) (talli	5				
	B EL MAR AVE.		82 Stree	t Address	(P.O. Box Number is Not Acceptal	ole)		
FT. MYERS FL 33919			83					
	WIENO 1 E 305 13		63					
			84 City			FL 85	Zip Code	
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was	authorized by the cor	d corporation's	tion submits this statement for the p board of directors. I hereby accept	the appointment	ng its registered as registered	
SIGNATURE	m lammar with, and doopt the oblig					<u> </u>		
	Signature, typed or printed name of registered ag	ent and title if applicable. (NO	TE: Registered Agent signatur	e required who	en reinstating)	DATE		
			40		ADDITIONOCHANCES TO DES	ICEDS AND DID	たいていから (N) 12	
12.		ND DIRECTORS	13.	·	ADDITIONS/CHANGES TO OFF			
TITLE	D	ND DIRECTORS	1.1 TITLE		ADDITIONS/CHANGES TO OFF		ECTORS IN 12 nange	
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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 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: