

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Merham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

95 JUL 31 PM 12:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # S00284 (7)**  
1. Corporation Name  
**SWICKLE AND PACKER, LTD., INC.**

Principal Place of Business Mailing Address  
**10089 CLEARY BLVD. PLANTATION FL 33324** **10089 CLEARY BLVD. PLANTATION FL 33324**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		09/17/1990	08/01/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		65-0219907	Not Applicable
24 Zip		29 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of Now Registered Agent			
SWICKLE, H. BARRY 10614 CYPRESS BEND DR. BOCA RATON FL 33498				B1 Name	Harvey Swickle		
				B2 Street Address (P.O. Box Number is Not Acceptable)	9003 W. Sunrise Blvd.		
				B3			
				B4 City	Sunrise	B5 Zip Code	FL 33322

11. Pursuant to the provisions of Sections 607, 6502 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, 1505, Florida Statutes.

SIGNATURE: *Harvey Swickle* Harvey Swickle, Registered Agent DATE: 6/30/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWICKLE, H. BARRY	1.2 NAME	P/D/S SWICKLE, SANDI
STREET ADDRESS	10614 CYPRESS BEND DR.	1.3 STREET ADDRESS	9003 W. Sunrise Blvd.
CITY - ST - ZIP	BOCA RATON FL 33498	1.4 CITY - ST - ZIP	Sunrise, FL 33322
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWICKLE, ROBERTA	2.2 NAME	V/T/D SWICKLE, HARVEY
STREET ADDRESS	10614 CYPRESS BEND DR.	2.3 STREET ADDRESS	9003 W. Sunrise Blvd.
CITY - ST - ZIP	BOCA RATON FL 33498	2.4 CITY - ST - ZIP	Sunrise, FL 33322
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWICKLE, SANDI	3.2 NAME	
STREET ADDRESS	9023 W. SUNRISE BLVD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	SUNRISE FL 33322	3.4 CITY - ST - ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWICKLE, HARVEY	4.2 NAME	
STREET ADDRESS	9023 W. SUNRISE BLVD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	SUNRISE FL 33322	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE: *Sandi Swickle* DATE: 6/30/95 424-0003

CR2E034 (3/95)