

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S00284

(7)

1. Corporation Name

SWICKLE AND PACKER, LTD., INC.



Principal Place of Business

10089 CLEARY BLVD.
PLANTATION FL 33324

Mailing Address

10089 CLEARY BLVD.
PLANTATION FL 33324

3. Date Incorporated or Qualified
09/17/1990

3a. Date of Last Report
07/31/1995

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

4. FEI Number
65-0219907

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SWICKLE, HARVEY
9103 W. SUNRISE BLVD.
SUNRISE FL 33322

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

Signature by authorized officer or director of the corporation

(NOTE: Registered Agent signature is not required)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PDS	☐ DELETE
NAME	SWICKLE, SANDI	
STREET ADDRESS	9103 W. SUNRISE BLVD.	
CITY-STATE-ZIP	SUNRISE FL	
TITLE	VTD	☐ DELETE
NAME	SWICKLE, HARVEY	
STREET ADDRESS	9103 W. SUNRISE BLVD.	
CITY-STATE-ZIP	SUNRISE FL	
TITLE	SD	☐ DELETE
NAME	SWICKLE, SANDI	
STREET ADDRESS	9023 W. SUNRISE BLVD.	
CITY-STATE-ZIP	SUNRISE FL 33322	
TITLE	VP	☐ DELETE
NAME	SWICKLE, HARVEY	
STREET ADDRESS	9023 W. SUNRISE BLVD.	
CITY-STATE-ZIP	SUNRISE FL 33322	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

14. I do 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 or changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

3/19/96 424-0003

CR2E034 (12/95)