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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # S24170

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FILEI)
Apr 21 1997	8:00am
Secretary of	of State

DSW E	NTERPRISES, INC.							
Principal Piac	e of Business	Mailing Address			1	1811 8 1811 81811 81811 81		
6091 SOUTH (SUITE 9 LITTLETON CO US		6091 SOUTH QUAIL WAY SUITE 9 LITTLETON CO 80127-2475 US			3. Date Incorporated or Qualified	3a. Date of Last	· ,	
2. Principal P	Place of Business	2a. Mailing Address			01/10/1991 4. FEI Number	04/19/1996	Applied For	
					65-0244727		Not Applicable	l
Suite, Apt.	Suite, Apt. #, etc.				500	CD 7	5 Additional	ĺ
22	27				5. Certificate of Status Desired	1 1	Required	
City & State City & State			^		6. Election Campaign Financing	\$5.0	May Be	
	LETON CO	28 LITTLETON	Co		Trust Fund Contribution	Adde	d to Fees	
Zip 24 801	Country	Z(p	Country	04.1	8. This corporation has liability for in		г в. 199.032,	
24 801	25 JEFFER SON 9, Name and Address of Current	29 80127-2475 30	JEFFER	אממ	Florida Statutes 10. Name and Address of New Reg	Yes X No		
14/15/		negistered Agent	81 Name		10. Hame and Address of New Year	ISTOIGN AGOIL		
	Ber, Donald D. 4 Southwe st 33RD Street							Į
	PE CORAL FL 33914		82 Street	et Address (P.O. Box Number is Not Acceptable)				
Ų ÇAI	E 0010/L 1 C 03914		83					
			0.1					
			84 City			FL 85 21	p Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes, t	the above named	corpo	ration submits this statement for the pu in's board of directors. I hereby accept	rpose of changing	its registered	
agent. I a	registered agent, or both, in the State C am familiar with, and accept the obligat	of Florida, Such change was auth- tions of, Section 607.0505, Florida	iorized by the cor a Statutes	poratio	in's board of directors. Ehereby accept	the appointment	as registered	
SIGNATURE	,	•					. [
	Signature, typed or printed name of registered agent		gistered Agent signatur	e raquirec		DATE		_
12.	OFFICERS AND		13.	т	ADDITIONS/CHANGES TO OFFICE			ğ
TITLE	CPTD CONNED D	DELETE	11 THILE			Change	e 🕍 Addition	٥
NAME	WEBER, DONALD D.		1.2 NAME				1	Š
STREET ADDRESS	6091 S QUAIL WAY	ł	1.3 STREET ADDRESS		ITTLETON CO 8012	10	1	ñ
CITY-\$T-ZIP	UTTLETON CO	DELETE	1.4 CITY - \$1 - ZIP 2.1 TITLE		ITTLETON CO 8012	K Change	e 🔀 Addition	Ģ
NAME	WEBER, JOHN D.	□ ottert	2.2 NAME	1		TES Change	3 Za Madition	_
STREET ADDRESS	1314 SW 33RD ST		2.3 STREET ADDRESS	l	40		1	
CITY-ST-ZIP	CAPE CORAL FL		2 4 CITY-ST-ZIP	مم	APE CORAL FL 3391	U		
TITLE	VPSD		31 1IILE	<u></u>	NE CONTE 10 3577	X Chang	e 🔀 Addition	
NAME	WEBER, SANDRA J.	. –	3.2 NAME				-	
STREET ADDRESS	6091 S QUAIL WAY		3.3 STREET ADDRESS	1				
CITY-ST-ZIP	LITTLETON CO		3.4 CITY-ST-ZIP	20	TTLETON CO BOIZ	7		
TITLE	D	☐ DELETE	4.1 TillE			Change	e Addition	
NAME	WEBER, BRADLEY M.		4. 2 NAME					
STREET ADDRESS	10303 149TH ST CT E		4.3 STREET ADDRESS	29	111 18TH STREET SE		1	
CITY-\$1-ZIP	PUYALLUP WA		4 4 CITY-ST-ZIP	Pu	YALLUP WA 9837			
TITLE		☐ DELETE	51 TIFLE	1		☐ Changi	e 🔲 Addition	
NAME			5.2 NAME	1				
STREET ADDRESS		j	5.3 STRFF1 ADDRESS				1	
CITY-ST-ZIP		Driete	5.4 CITY - ST - ZIP	 		— <u> </u>		
TITLE		i i	6.1 TITLE			Change	e Addition	
NAME CARCER ADDRESS			6.2 NAME]]	٠
STREET ADDRESS			6 3 STREET ADDRESS	ļ				5
DHY-81-79			6 / CBV- ST- 7IP					

6.4.CITY-ST-ZIP

14. I do 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.

SIGNATURE:

**Total Control of the corporation of 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.

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SIGNATURE:

**Total Only of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information in the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information in the receiver of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes. I further certify that the information in the receiver or trustee empowered to execute the supplementary of the receiver of the corporation of the receiver of the corporation of t

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