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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # \$32120 (5)

SWISSCO INC. AUTOSALES

Principal Place of Business Mailing Address						T (DAYING IND 11510 1190; 11010 1501)	0011 UFD7F UFU	4 04041 B1011	WINDS WINDS 1881
12433 66TH ST N LARGO FL 34643 US		12433 66TH ST N LARGO FL 34643 US			Date Incorporated or Qualified	3a. Dale	of Last D	tonod	
						02/15/1991		3/06/19	•
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number	·	Ì	Applied For	
21		26			59-3057985			Not Applicable	
Suite, Apt. #	, etc.	Suite, Apt. #, etc.	27			5. Certificate of Status Desired			Additional Required
City & State		City & State				Election Campaign Financing Trust Fund Contribution			O May Be od to Fees
Zip	Country	Zip	· • • • • • • • • • • • • • • • • • • •			This corporation has liability for intangitule tax under s 199.032, Florida Statutes			
24	25 9 Name and Address of Curren	29	30	Ι		Florida Statutes Yes 10. Name and Address of New R		Agent	
	g. Name and Address of Corren	r negistered Agent		81	Name	(U. Hame pila Address of flow th	ogisto. ou .	gom	
HONNE	GGER, ARTHUR			82		SS (P.O. Box Number is Not Acceptab	(a)		
	EGAL LANE		8			SS (E.O. DOX MUTIDALIS NOT Wordstrond)			
	FL 34644			83					
				84	City		FL	85 Z	ip Code
	007.0500	and COT (EOO Elevide Olet de	a the she		amad aarnaral	tion submits this statement for the pur		noina its	registered office
or registere	of the provisions of Sections 607,0002 and agent, or both, in the State of Floric n, and accept the obligations of, Secti	ia. Such change was authorize	d by the	corp	oration's board	of directors. I hereby accept the appoint	pintment as	registered	d agent. I am
SIGNATURE _	Signature, typed or printed name of registered agent	and title if annicable #MOT	F: Application	I Anen	t signature required v	when reinstaling)	DATE		
12.	OFFICERS AND DIRECTORS					ADDITIONS/CHANGES TO OFF	CERS AND	DIRECTO	DRS IN 12
TITLE	P	DELETE	1.17	ITLE			1	Change	☐ Addition
NAME	HONEGGER, ARTHUR			ame					
STREET ADDRESS	12433 66TH ST N		1.3 S	1.3 STREET ADDRESS					
CITY-ST-ZIP	LARGO FL			ITY-S	T-ZIP			Change	Addition
TITLE	D DELETE		1	2.1 TITLE 2.2 NAME			L	_ Change	
NAME OZDECZ ADDDEGO	HONNEGGER, ARTHUR 12433 66TH ST N				ADDRESS				
STREET ADDRESS .	LARGO FL		2.4 CIT		ŀ				
TITLE	ST	☐ DELETE	3 1 TITLE					Change	Addition
NAME	HONEGGER-SCHAERER, MA	RLIS	3.2 N	IAME					
STREET ADDRESS	12433 66TH ST N		3.3. 9	STREET	F ADDRESS				
CITY - ST - ZIP				3.4 CITY-ST-ZIP				-	
TITLE	DELETE			4. 1 TITLE			ŧ	Change	☐ Addition
NAME			4.2 N						
STREET ADDRESS				4.3 STREET ADDRESS					
CITY-ST-ZIP TITLE				4.4 City - St - ZiP 5. 1 Title				Change	☐ Addition
NAME				5.2 NAME			-	_	_
STREET ADDRESS				5.3 STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE				6 1 TITLE				Change	☐ Addition
NAME			6.2 N	IAME					†
STREET ADDRESS			6.3 \$	TREET	ADDRESS				
CITY-ST-ZIP			6.4 (ITY-S	ST-ZIP		07/0// 5		dan 16 wilhay
14. I do hereb	y certify that the information supplied.	with this filing is voluntarily furni	isned and	goe	is not quality to	r the exemption stated in Section 119	orgajira, mi	mua otati	yes Hounai

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 adjachment with an address.

SIGNATURE: _

CR2E034 (12/95)