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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 18, 1999 8:00 am Secretary of State

02-18-1999 90013 046 ***150.00

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # \$75735

Block 12 or Block 13 if changed, or

SIGNATURE:

1, Corporation Name

S & W DETECTIVES, INCORPORATED

Principal Place	e of Business	Mailing Address						
1701 ARCH ST		1701 ARCH ST			·			
TAMPA FL 3360)7	TAMPA FL 33607						
US		บร			DO NOT WRITE IN TH	IS SPACE		
					3. Date Incorporated or Qualifed			
					08/23/1991			
2 Principal P	lace of Business	2a. Mailing Address		<u> </u>	4. FEI Number	Ap	plied For	
 i		26			59-3091453	No	t Applicable	,
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75 A		3
		<u>├</u> ─┐			5. Certifcate of Status Desired		quired	
22		City & State					·- -	
City & Stat	ie .	⊢ ¬			6, Election Campaign Financing	\$5.00 Added t		
23		28			Trust Fund Contribution		0 rees	
Zip	Country	Zip	r -	intry	8. This corporation owes the current year		l	
24	25	29	30		Personal Property Tax.	Yes	□No	
	Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registere	d Agent		
		.,		81 Name			- [
SEG	EL, ARNOLD, A.			80 00004 4	(D.O. Bay Number in Net Assentable)			
3 3 1701	ARCH ST	- *		82 Street Addr	ress (P.O. Box Number is Not Acceptable)			
SUIT				83	The first terms of the second	1.640 . 1 78	15.41 -5.15	
	PA FL 33607				· · · · · · · · · · · · · · · · · · ·	(教) (数) (数)	Y그라인턴	
IAW	FA FE 33007			84 City	18 7 2	85 Zip (Code	
					F			
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	es, the a	bove-named corp	poration submits this statement for the purpose	of changing its	registered	l
	egistered agent, or both, in the State im familiar with, and accept the obliga				on's board of directors. I hereby accept the app	oomtment as re	gistered	ŀ
, agent. ra	in tainina with, and accept the obliga	duona or, econom con leese, me	1100 0101					
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	: Registered	l Agent signature required	d when reinstating) DATE		 [
		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	Ş
12.	L 	☐ DELETE	1.1 11	m e	** * * * * * * * * * * * * * * * * * * *	☐ Change	Addition	
TITLE	PD				_1 ,		_	
NAME	SEGEL, SEAN B		1.2 N					6
STREET ADDRESS	1701 ARCH ST		1.3 S	TREET ADDRESS				ا
CITY-ST-ZIP	TAMPA FL		1.4 C	ITY-ST-ZIP				Ç
TITLE	STD	☐ DELETE	2.1 ∏	m.E		☐ Change	☐ Addition	
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	TAMPA FL			CITY-ST-ZIP	-		Į	l
CITY-ST-ZIP	TAMPA FL	☐ DELETE	3.1 ∏		· · · · · · · · · · · · · · · · · · ·	Change	Addition	l
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TITLE	*			1	99 1531 1031		1	
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NAME	to S	☐ DELETE	3.4. C 4.1 TI 4.2 N	TREET ADDRESS CITY-ST-ZIP, ITLE VAME		Change	Addition	,
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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 of execute this report as required by Chapter 607, Florida Statutes; and that my name appears in