

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # V39693

(9)

1. Corporation Name

SWISH, INC.

Principal Place of Business

**C/O JERROLD A. WISH
1215 N. OCEAN DRIVE
HOLLYWOOD FL 33019
US**

Mailing Address

**C/O JERROLD A. WISH
P.O. BOX 22-2205
HOLLYWOOD FL 33022
US**



2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. 25.

29. 30.

9. Name and Address of Current Registered Agent

**WISH, JERROLD A.
1221 BRICKELL AVENUE
MIAMI FL 33131**

3. Date Incorporated or Qualified

05/29/1992

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0344929

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. 199.037,
Florida Statutes. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

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 607.05(2), and 16.07, 1504, 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, Sections 607.05(2), Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director or Officer of Corporation

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **SIDER, HERB A**
CITY-STATE-ZIP **1716 N. DIXIE HWY**
HOLLYWOOD FL

2. TITLE ☐ DELETE
NAME **WISH, JERROLD A**
STREET ADDRESS **1221 BRICKELL AVE.**
CITY-STATE-ZIP **MIAMI FL**

3. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

4. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

5. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1. TITLE ☐ Change ☐ Addition
NAME **PD**
STREET ADDRESS **SIDER, HERB**
CITY-STATE-ZIP **1215 N OCEAN DR., #103**
HOLLYWOOD, FL 33019

2. TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

3. TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

4. TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

6. TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 if I am not an officer or director with an address.

SIGNATURE:

[Signature]

HERB SIDER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-96

(954) 929-0000

CR2E034 (12/95)