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

PROFIT
CORPORATION
ANNUAL REPORT
1998
DOCUMENT #
1. Corporation Name
SANWEY ENTERPRIS

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V43607

(3)

Apr 09 1998 8:00am
Secretary of State

EII ED

DO INCORN AKENIE PORT RICHEY FL 34688 ***BIGU INCORN AKENIE PORT RICHEY FL 346888 ***BIGU INCORN AKENIE PORT RICHEY FL 3468888 ***BIGU INCORN AKE		EY ENTERPRISES, INC.	. ,				
PORT RICHEY FL 34688 PORT RICHEY FL 34688 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 2a. Mailing Address A. FEI Number A. FEI Number	'		-				
2. Principle Place of Business 2a. Mailing Address 3. Date incorporated or Qualified 05/1/1982 25 1/1/1982 26 1/1/1982 27 1/1/1982 28 27 1/1/1982 28 27 1/1/1982 28 28 28 28 28 28 28							
Section Place of Business 2st Meiling Address Sulfa, Apt #: etc Sulfa, Apt		12 0000	TOTAL TROUBLE TE STOOD			DO NOT WRITE IN THIS S	SPACE
Suite, Apt. 4, etc. Suite, Apt. 5, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. City & State Country Repeated Address of Current Registered Agent City & State Repair Address of Current Registered Agent City & State Repair Address of Current Registered Agent City & State Repair Address of Current Registered Agent City & State Repair Address of New Registered Agent City & State Repair Address of New Registered Agent City & State Repair Address of New Registered Agent City & State Repair Address of New Registered Agent City & State City & State						· ·	
Suite, Apt. 4, etc. 27 City & State 29 Country 27 Country 27 Country 27 Country 28 Countr	2. Principal Place of Business 2a. Mailing Address					· ·	Applied For
City & State Country						59-3126094	
Zip Country Zip Country Addied to Fees Zip Country Signature Sign	22 27					5. Certificate of Status Desired	****
Zip							
28		······································		Countr			
### MEADOWS, SANDRA K. ### Q010 UNNCORN AVENUE PORT RICHEY FL 34668 ### City ### Ci	—	— ·	⊢ ¬ ` ⊢	— ·		· ·	
NOTO UNICORN AVENUE PORT RICHEY FL 34688 82 Street Address (P.O. Box Number is Not Acceptable) 83 City 84 City 85 Virget Address (P.O. Box Number is Not Acceptable) 86 Virget Address (P.O. Box Number is Not Acceptable) 87 Virget Address (P.O. Box Number is Not Acceptable) 88 Virget Address (P.O. Box Number is Not Acceptable) 89 Virget Address (P.O. Box Number is Not Acceptable) 80 Virget Address (P.O. Box Number is Not Acceptable) 80 Virget Address (P.O. Box Number is Not Acceptable) 81 Virget Address (P.O. Box Number is Not Acceptable) 82 Virget Address (P.O. Box Number is Not Acceptable) 84 City 85 Virget Address (P.O. Box Number is Not Acceptable) 85 Virget Address (P.O. Box Number is Not Acceptable) 86 Virget Address (P.O. Box Number is Not Acceptable) 86 Virget Address (P.O. Box Number is Not Acceptable) 87 Virget Address (P.O. Box Number is Not Acceptable) 88 Virget Address (P.O. Box Number is Not Acceptable) 89 Virget Address (P.O. Box Number is Not Acceptable) 89 Virget Address (P.O. Box Number is Not Acceptable) 80 Virget Address (P.O. Box Number is Not Acceptable) 80 Virget Address (P.O. Box Number is Not Acceptable) 80 Virget Address (P.O. Box Number is Not Acceptable) 80 Virget Address (P.O. Box Number is Not Acceptable) 81 Virget Address (P.O. Box Number is Not Acceptable) 82 Virget Address (P.O. Box Number is Not Acceptable) 84 Virget Address (P.O. Box Number is Not Acceptable) 85 Virget Address (P.O. Box Number is Not Acceptable) 86 Virget Address (P.O. Box Number is Not Acceptable) 87 Virget Address (P.O. Box Number is Not Acceptable) 88 Virget Address (P.O. Box Number is Not Acceptable) 89 Virget Address (P.O. Box Number is Not Acceptable) 80 Virget Address (P.O. Box Number is Not Acceptable) 80 Virget Address (P.O. Box Number is Not Acceptable) 80 Virget Address (P.O. Box Number is Not Acceptable) 80 Virget Address (P.O. Box Number is Not Acceptable) 80 Virget Address (P.O. Box Number is Not Acceptable Address (P.O. Box Number is Number is Not Acceptable A	27			"			
### Street Address (P.O. Box Number is Not Acceptable) ### Street Address (P.O. Box Number is Not Acceptable) ### Street Address (P.O. Box Number is Not Acceptable) ### City	ME	ADOWS, SANDRA K		81	Name		
### City ### A City ##	9010 UNICORN AVENUE			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)	
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 agent. I am femiliar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature, bysed or periled name of registered agent at life in applicable (NOTE Registered Agent signature required when rehistering) DATE		III INCIDE IL PIOCO		83			
T1. 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE D				84	City	FI	85 Zip Code
Signeture, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when freintating) DATE		to the provisions of Sections 607.050 egistered agent, or both, in the State im familiar with, and accept the oblig	12 and 607.1508, Florida Statutes of Florida. Such change was au ations of, Section 607.0505, Flori	, the above thorized bida Statute	re-named c y the corpo is.	orporation submits this statement for the purpose of oration's board of directors. I hereby accept the app	changing its registered ointment as registered
TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP PORT RICHEY FL DELETE DEL	SIGNATURE	Signature, typed or printed name of registered ag-	and fille if applicable (NOTE: I	Registered Ag	ent signature re	quired when reinstaling) DATE	
NAME STREET ADDRESS CITY-S1-ZIP PORT RICHEY FL D DELETE STREET ADDRESS CITY-S1-ZIP D DELETE D DELETE STREET ADDRESS CITY-S1-ZIP D DELETE D D D D D D D D D D D D D D D D D D	12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
STREET ADDRESS CITY-SI-ZIP PORT RICHEY FL ITILE D MEADOWS, WEYMAN L. STREET ADDRESS CITY-SI-ZIP PORT RICHEY FL IDELETE 21 TITLE MEADOWS, WEYMAN L. STREET ADDRESS CITY-SI-ZIP PORT RICHEY FL ITILE DELETE 31 TITLE 32 NAME 32 NAME 33 STREET ADDRESS CITY-SI-ZIP ITILE STREET ADDRESS CITY-SI-ZIP ITILE Addition NAME STREET ADDRESS CITY-SI-ZIP ITILE ADDRESS CITY-SI-ZIP ADDRESS CITY-SI-ZIP ITILE ADDRESS CITY-SI-ZIP ADDRESS CITY-SI-ZIP ADDRESS CITY-SI-ZIP ADDRESS CITY-SI-ZIP ADDRESS CITY-SI-ZIP	TITLE	_	☐ DELETE	1.1 TITLE			Change Addition
CITY-ST-ZIP PORT RICHEY FL D DELETE 2.1 TITLE MEADOWS, WEYMAN L. STREET ADDRESS CITY-ST-ZIP PORT RICHEY FL DELETE 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE AMME 4.1 TITLE AMME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP CHange Addition Addition Addition AMME STREET ADDRESS CITY-ST-ZIP TITLE AMME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP				1.2 NAME			
TITLE D DELETE 2.1 TITLE Change Addition NAME MEADOWS, WEYMAN L. 22 NAME STREET ADDRESS CITY-ST-ZIP PORT RICHEY FL 2.1 TITLE Change Addition NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE 3.2 NAME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE A.1 TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP 4.1 TITLE A.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP TITLE A.3 STREET ADDRESS A.4 CITY-ST-ZIP							
MEADOWS, WEYMAN L. STREET ADDRESS CITY-ST-ZIP PORT RICHEY FL DELETE 3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE MAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP			T DELETE		ST-ZIP		Change Addition
STREET ADDRESS CITY-5T-ZIP PORT RICHEY FL 12 4 CITY-5T-ZIP TITLE NAME STREET ADDRESS CITY-5T-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP ADDRESS ADDRES		_	C) precie				T. Cuante T. vocition
TITLE DELETE 3.1 TITLE Change Addition NAME 32 NAME STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE Change Addition NAME 4.2 NAME CITY-ST-ZIP Addition Addition STREET ADDRESS 4.3 STREET ADDRESS ACITY-ST-ZIP CITY-ST-ZIP	STREET ADDRESS	9010 UNICORN AVENUE		2.3 STREE	- 1		
NAME 32 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition MAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP		PURI HICHET FL			ST-ZIP		Channe Addition
STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition MAME 4.2 NAME 4.3 STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			E-1 DECEME				C SHOUNG CT MODERAL
CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME 4.3 STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP							
TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME 4.3 STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.4 CITY-ST-ZIP 4.7 CITY-ST							
STREET ADDRESS CITY-ST-ZIP 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			DELETE		VI 4.11		Change Addition
STREET ADDRESS CITY-ST-ZIP 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	NAME			4. 2 NAME			
	STREET ADDRESS			4.3 STREE	T ADDRESS		1
TITLE □ DELETE 5.1 TITLE □ Change □ Addition	CITY-ST-ZIP			4.4 CITY-	ST-ZIP		
	TITLE		DELETE				☐ Change ☐ Addition
NAME 52 NAME	NAME			5.2 NAME			1
STREET ADDRESS 53 STREET ADDRESS	STREET ADDRESS			5 3 STREE	T ADDRESS		
CITY-ST-ZIP 5.4 CITY-ST-ZIP					ST-ZIP		
TITLE DELETE 61 TITLE Change Addition			☐ DELETE		j		L Change Addition
NAME 62 NAME	. 1						Į
STREET ADDRESS 6.3 STREET ADDRESS							
CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP 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		Certify that the information supplied w	ith this filing does not qualify for			in Section 119.07(3)(i) Florida Statutes I further ce	rtify 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: Sandra K. Headows

Sandra K Meadows

3-24-98

813-848-6476