

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**  
  
95 APR 20 AM 10:29  
  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # V63646 (6)**  
1. Corporation Name  
**SWIRLZ ENTERPRISES, INC.**

Principal Place of Business      Mailing Address  
**12001 W SUNRISE BLVD  
SUNRISE FL 33023  
US**                                      **7451 W. OAKLAND PARK BLVD.  
LAUDERHILL FL 33319**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business      2a. Mailing Address  
21    26  
Suite, Apt. #, etc.                      Suite, Apt. #, etc.  
22    27  
City & State                              City & State  
23    28  
Zip    Zip    Country                                      Country  
24    25    29    30

3. Date Incorporated or Qualified      3a. Date of Last Report  
**09/11/1992**                                      **04/04/1994**  
4. FEI Number                                      Applied For  
**65-0356567**                                      Not Applicable  
5. Certificate of Status Desired            **\$8.75 Additional  
Fee Required**  
6. Election Campaign Financing            **\$5.00 May Be  
Trust Fund Contribution                      Added to Fees**  
8. This corporation has liability for intangible tax under C. 199.032,  
Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent  
**BERGMAN, A.C.  
7451 W OAKLAND PARK BLVD.  
LAUDERHILL FL 33319**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City    **FL**      B5 Zip Code

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 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, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>BERGMAN, A.C.</b>
STREET ADDRESS	<b>7451 W. OAKLAND PK BLVD</b>
CITY - ST - ZIP	<b>AUDERHILL FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 CITY - ST - 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 changed, or on an attachment with an address.

SIGNATURE: *A.C. Bergman*      Date: 305-846-2487  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      (Typed Name)