

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)


PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000041310 (9)
 1. Corporation Name
SWARTZ SALES, INC.

FILED

97 OCT - 6 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 3287 LAKESHORE DRIVE DEERFIELD BEACH FL 33442	Mailing Address 3287 LAKESHORE DRIVE DEERFIELD BEACH FL 33442
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REINSTATEMENT 97

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 TAMPA FLORIDA	2a. Mailing Address 26 110 S. MANHATTAN AVE	3. Date Incorporated or Qualified 05/14/1996	3a. Date of Last Report
22 110 S. MANHATTAN AVE #62	27 SUITE 62	4. FEI Number 65-0666797	Applied For Not Applicable
23 TAMPA, FL	28 TAMPA FL	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 33609	25 Hillsborough	29 33609	30 Hillsborough
9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134		10. Name and Address of New Registered Agent	

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

11. Pursuant to the provisions of Sections 607.1502 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 *Robert G. Swartz* **10/3/97**
 Signature, typed or printed name of registered agent and the principal's signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SWARTZ, ROBERT G		1.2 NAME SWARTZ, ROBERT G.	
STREET ADDRESS 3287 LAKESHORE DRIVE		1.3 STREET ADDRESS 110 S. MANHATTAN AVE, SUITE 62	
CITY-ST-ZIP DEERFIELD BEACH FL 33442		1.4 CITY-ST-ZIP TAMPA, FL 33609-3877	
TITLE ST	<input checked="" type="checkbox"/> DELETE	2.1 TITLE ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SWARTZ, PHYLLIS M		2.2 NAME SWARTZ, PHYLLIS M.	
STREET ADDRESS 3287 LAKESHORE DRIVE		2.3 STREET ADDRESS 110 S. MANHATTAN AVE, SUITE 62	
CITY-ST-ZIP DEERFIELD BEACH FL 33442		2.4 CITY-ST-ZIP TAMPA, FL 33609-3877	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 *Robert G. Swartz* **10-1-97 813-981-0211**

CR2E034 (4/97)