


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

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Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90104 010 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P96000041310

1. Corporation Name
SWARTZ SALES, INC.

| | |
|---|--|
| Principal Place of Business 110 S. MANHATTAN AVE. #62 TAMPA FL 33609. | Mailing Address 110 S. MANHATTAN AVE. #62 TAMPA FL 33609 |
|---|--|



DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 2. Principal Place of Business 21 4711 S. Himes Ave Suite, Apt. #, etc. 22 #501 City & State 23 TAMPA FL Zip Country 24 33611-2620 25 USA | 2a. Mailing Address 26 4711 S. Himes Ave Suite, Apt. #, etc. 27 #501 City & State 28 TAMPA FL Zip Country 29 33611-2620 30 USA |
|---|--|

| | | |
|---|---------------------------------------|--|
| 3. Date Incorporated or Qualified 05/14/1996 | 4. FEI Number 65-0666797 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

9. Name and Address of Current Registered Agent

SWARTZ, ROBERT G.
110 SOUTH MANHATTAN AVE.
~~SUITE 62~~
TAMPA FL 33609

10. Name and Address of New Registered Agent

| |
|--|
| 81 Name SWARTZ ROBERT G. |
| 82 Street Address (P.O. Box Number is Not Acceptable) 4711 S. Himes Ave. |
| 83 #501 |
| 84 City TAMPA 85 State FL 86 Zip Code 33611 |

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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* **ROBERT G. SWARTZ** DATE: **03/1/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | SWARTZ, ROBERT G | |
| STREET ADDRESS | 110 S. MANHATTAN AVE., STE. 62 | |
| CITY-ST-ZIP | TAMPA FL 33609-3877 | |
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | SWARTZ, PHYLLIS M | |
| STREET ADDRESS | 110 S. MANHATTAN AVE., STE. 62 | |
| CITY-ST-ZIP | TAMPA FL 33609-3877 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 4711 S. Himes Ave. #501 |
| 1.4 CITY-ST-ZIP | TAMPA, FL, 33611-2620 |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | 4711 S. Himes Ave. #501 |
| 2.4 CITY-ST-ZIP | TAMPA, FL 33611-2620 |
| 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 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, with all other like empowered.

SIGNATURE: *Robert G. Swartz* **ROBERT G. SWARTZ** DATE: **3/1/99** DAYTIME PHONE #: **813-832-6330**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)