

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR -5 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 590608 (6)

1. Corporation Name
SMITH BROS. CONTRACTING EQUIPMENT, INC.

Principal Place of Business Mailing Address
5731 NORTH MILITARY TRAIL 5731 NORTH MILITARY TRAIL
WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 10/20/1978	3a. Date of Last Report 03/16/1994
4. FEI Number 59-1855739	Applied For 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 has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent SMITH, LUCY M. 12378 SAWGRASS COURT WEST PALM BEACH FL 33414	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City B5 Zip Code FL
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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 registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, LUCY M.	12. NAME	
STREET ADDRESS	12378 SAWGRASS COURT	13. STREET ADDRESS	
CITY - ST - ZIP	W. PALM BEACH FL	14. CITY - ST - ZIP	
TITLE	PD	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, SIMON	22. NAME	
STREET ADDRESS	1445 BRAMPTON COVE	23. STREET ADDRESS	700001450477
CITY - ST - ZIP	WEST PALM BEACH FL 33414	24. CITY - ST - ZIP	-04/07/95--01036--005
TITLE	VD	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, TOBY	32. NAME	****200.00 ****200.00
STREET ADDRESS	1441 BRANDY WINE ROAD, #3001	33. STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL 33409	34. CITY - ST - ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY - ST - ZIP		44. CITY - ST - ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. CITY - ST - ZIP	

700001450477
-04/07/95--01036--005
****200.00 ****200.00

4/5/95 MS

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 110.07(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: *Lucy M. Smith* DATE: *407-689-9880*
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR