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CORPORATION
ANNUAL REPORT
1995



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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 2:09

DOCUMENT # **604904** (3)

1. Corporation Name
SMITH, HINZ & GRAHAM, P.A.

Principal Place of Business Mailing Address
96 NE 4TH AVENUE 96 NE 4TH AVENUE
DELRAY BEACH FL 33483 DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/26/1973** 3a. Date of Last Report **02/28/1994**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-1498196	Applied For <input type="checkbox"/> Not Applicable
21		26			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State		City & State		28	
23		28		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	25	Country	29	Zip
				30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SMITH, THOMAS A 96 NE 4TH AVE DELRAY BCH., FL 33483				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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 reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINZ, WALTER F	1 2 NAME	
STREET ADDRESS	96 NE 4TH AVE	1 3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BEACH FL	1 4 CITY - ST - ZIP	
TITLE	VD	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, DAVID P	2 2 NAME	
STREET ADDRESS	96 NE 4TH AVE	2 3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BCH., FL 00000	2 4 CITY - ST - ZIP	
TITLE	PD	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, THOMAS A	3 2 NAME	
STREET ADDRESS	96 NE 4TH AVE	3 3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY BCH., FL 00000	3 4 CITY - ST - ZIP	
TITLE		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		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		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 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: David P. Graham **DAVID P. GRAHAM** 4/20/95 (407)276-7468
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Title) (Typed or Printed Name)