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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F49431**

1. Corporation Name
INK-SMITH-SOUTH, INC.

Principal Place of Business: 1508 W. 53RD ST. MANGONIA PARK FL 33407
 Mailing Address: 1508 W. 53RD ST. MANGONIA PARK FL 33407



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

3. Date Incorporated or Qualified: 10/12/1981
 4. FEI Number: 36-3153415
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 7. This corporation owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INK, TIMOTHY A
 2750 NE 26TH TERR
 BOCA RATON FL 33491

*SAME AGENT
 NEW ADDRESS*

81 Name: TIMOTHY A. INK
 82 Street Address (P.O. Box Number is Not Acceptable): 2001 S.W. 15TH AVE.
 83 APT. F-103
 84 City: BOYNTON BEACH, FL 85 Zip Code: 33426

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INK, TIMOTHY A	1.2 NAME	
STREET ADDRESS	2750 NE 26TH TERR 2001 S.W. 15TH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL BOYNTON BEACH, FL 33426	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INK, RICHARD K	2.2 NAME	
STREET ADDRESS	698 SW 1 CON AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PT ST LUCIE FL 34953	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INK, PAMELA A	3.2 NAME	
STREET ADDRESS	698 SW 1 CON AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PT ST LUCIE FL 34953	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 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: RICHARD K. INK RICHARD K. INK - PRES. 4-27-99 561 8445401
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)