


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

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90099 037 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000005472

1. Corporation Name
SMIT LAND & MARINE INC.

Principal Place of Business 400 N. SAM HOUSTON PARKWAY E., SUITE 310 HOUSTON TX 77060	Mailing Address 400 N. SAM HOUSTON PARKWAY E., SUITE 310 HOUSTON TX 77060
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 Suite 315 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 Suite 315 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 09/30/1998	4. FEI Number 76-0515115 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 type="checkbox"/> No
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9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

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

TITLE	PD <input type="checkbox"/> DELETE
NAME	KAFFA, KAREL
STREET ADDRESS	400 N. SAM HOUSTON PARKWAY E., SUITE 310
CITY-ST-ZIP	HOUSTON TX 77060
TITLE	VD <input type="checkbox"/> DELETE
NAME	ELLIOTT, ROGER C
STREET ADDRESS	400 N. SAM HOUSTON PARKWAY E., SUITE 310
CITY-ST-ZIP	HOUSTON TX 77060
TITLE	VD <input type="checkbox"/> DELETE
NAME	HAMEL, ANDRE M
STREET ADDRESS	400 N. SAM HOUSTON PARKWAY E., SUITE 310
CITY-ST-ZIP	HOUSTON TX 77060
TITLE	SD <input type="checkbox"/> DELETE
NAME	DRISCOLL, JOHN J
STREET ADDRESS	400 N. SAM HOUSTON PARKWAY E., SUITE 310
CITY-ST-ZIP	HOUSTON TX 77060
TITLE	GM <input type="checkbox"/> DELETE
NAME	SMITH, R. N
STREET ADDRESS	400 N. SAM HOUSTON PARKWAY E., SUITE 310
CITY-ST-ZIP	HOUSTON TX 77060
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	400 N. Sam Houston Parkway E., Suite 315
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: *R. N. Smith* **SIGNATURE REQUIRED** Smith Date 01/05/99 (281) 774-5080 Daytime Phone #

CR2E034 (11/98)