

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H80209** (0)

1. Corporation Name
CHARLES S. SMITH & ASSOCIATES, INC.



Principal Place of Business
**2000 AVE. "P" UNIT #7
P O BOX 10178
RIVIERA BEACH FL 33404**

Mailing Address
**2000 AVE. "P" UNIT #7
P O BOX 10178
RIVIERA BEACH FL 33404**

3. Date Incorporated or Qualified: **10/10/1985**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **43-1069887**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 **2000 Ave. "P",**
Suite, Apt. #, etc.
22 **Unit #7**
City & State
23 **Riviera Beach, FL**
Zip **33404** County **USA**
2a. Mailing Address
26 **P.O. BOX 10178**
Suite, Apt. #, etc.
27
City & State
28 **Riviera Beach, FL**
Zip **33419** County **USA**

9. Name and Address of Current Registered Agent
**SMITH, DONNA J
2000 AVE. "P" UNIT #7
P.O. BOX 10178
RIVIERA BEACH FL 33404**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SMITH, DONNA J 2000 AVE "P" UNIT 7 RIVIERA BEACH FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SMITH, MICHAEL S 2000 AVE "P" UNIT 7 RIVIERA BEACH FL	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 119.07(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, 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 13. All changes, or on a attachment with an address.

SIGNATURE: *Donna J. Smith* **Donna J. Smith** **3/25/96** **407 842-2805**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)