

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P36528** (8)
1. Corporation Name
SMITH SECKMAN REID, INC.



Principal Place of Business: **6365 N.W. SIXTH WAY, SUITE 201 FT LAUDERDALE FL 33309**
Mailing Address: **6365 N.W. SIXTH WAY, SUITE 201 FT LAUDERDALE FL 33309**

3. Date Incorporated or Qualified: **11/26/1991**
3a. Date of Last Report: **06/21/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		62-0791037		<input type="checkbox"/> Not Applicable	
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		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28					
Zip	Country	Zip	Country				
24		29					

9. Name and Address of Current Registered Agent

MARTYAK, MARK STEPHEN
6365 N.W. SIXTH WAY, SUITE 201
FORT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	
	State	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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when changing.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SECKMAN, THOMAS C.		1.2 NAME	Ronald G. Holdaway	
STREET ADDRESS	3319 WEST END AVE #700		1.3 STREET ADDRESS	3319 West end Ave., #700	
CITY-ST-ZIP	NASHVILLE TN		1.4 CITY-ST-ZIP	Nashville TN 37203	
TITLE	DP	<input type="checkbox"/> DELETE	2.1 TITLE	D/P/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRICK, JAMES ROBIN		2.2 NAME		
STREET ADDRESS	3319 WEST END AVE #700		2.3 STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	D/V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SECKMAN, CLAY R.		3.2 NAME		
STREET ADDRESS	7575 SAN FELIPE SUITE 270		3.3 STREET ADDRESS		
CITY-ST-ZIP	HOUSTON TX		3.4 CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> DELETE	4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAL, RONALD B.		4.2 NAME		
STREET ADDRESS	3319 WEST END AVE #700		4.3 STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN		4.4 CITY-ST-ZIP		
TITLE	DVS	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANE, STEPHEN C.		5.2 NAME		
STREET ADDRESS	3319 WEST END AVE #700		5.3 STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE TN		5.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	6.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTYAK, MARK STEPHEN		6.2 NAME		
STREET ADDRESS	6365 N.W. 6TH WAY # 201		6.3 STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL		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 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 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 in an attachment with an address.

SIGNATURE: *[Signature]* (J. Robin Barrick) 3/21/96 (615) 383-1113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)