

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

FILED

**Feb 18 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33309-6161
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified 11/26/1991	3a. Date of Last Report 04/10/1996
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4. FEI Number 62-0791037	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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: Mark S. Martyak DATE: 1-23-97

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

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	RONALD G HOLDAWAY
STREET ADDRESS	3319 WEST END AVENUE, #700
CITY-ST-ZIP	NASHVILLE TN
TITLE	DPC <input type="checkbox"/> DELETE
NAME	BARRICK, JAMES ROBIN
STREET ADDRESS	3319 WEST END AVE #700
CITY-ST-ZIP	NASHVILLE TN
TITLE	DV <input type="checkbox"/> DELETE
NAME	SECKMAN, CLAY R.
STREET ADDRESS	7575 SAN FELIPE SUITE 270
CITY-ST-ZIP	HOUSTON TX
TITLE	T <input type="checkbox"/> DELETE
NAME	DEAL, RONALD B.
STREET ADDRESS	3319 WEST END AVE #700
CITY-ST-ZIP	NASHVILLE TN
TITLE	DVS <input type="checkbox"/> DELETE
NAME	LANE, STEPHEN C.
STREET ADDRESS	3319 WEST END AVE #700
CITY-ST-ZIP	NASHVILLE TN
TITLE	VO <input type="checkbox"/> DELETE
NAME	MARTYAK, MARK STEPHEN
STREET ADDRESS	6365 N.W. 6TH WAY # 201
CITY-ST-ZIP	FORT LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	R. Clay Seckman
3.3 STREET ADDRESS	3319 West End Ave., #700
3.4 CITY-ST-ZIP	Nashville TN 37203-0906
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: J. Robin Barrick DATE: 1/23/97 615-383-1113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)