

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

**FILED**  
**May 19 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>600 West Hillsboro</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>3319 West End Ave</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>11/26/1991</b>	
22 <b>Suite 300</b> City & State		27 <b>Suite 700</b> City & State		4. FEI Number <b>62-0791037</b> Applied For <input type="checkbox"/> Not Applicable	
23 <b>Deerfield Beach FL</b> Zip 24 <b>33441</b>		28 <b>Nashville TN</b> Zip 29 <b>37203</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> 20 <b>\$8.75 Additional Fee Required</b>	
25 <b>USA</b>		30 <b>USA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
26 <b>USA</b>		31 <b>USA</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MARTYAK, MARK STEPHEN</b> 6365 N.W. SIXTH WAY, SUITE 201 FORT LAUDERDALE FL 33309				10. Name and Address of New Registered Agent			
				81 Name <b>Mark S. Martyak</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>600 West Hillsboro, Suite 300</b>			
				83			
				84 City <b>Deerfield Beach</b>		85 Zip Code <b>FL 33441</b>	

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<b>D, VP</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>RONALD G HOLDAWAY</b>			1.2 NAME	<b>Kenneth G. Diehl, Jr.</b>		
STREET ADDRESS	<b>3319 WEST END AVENUE, #700</b>			1.3 STREET ADDRESS	<b>3319 West End Avenue, Suite 700</b>		
CITY-ST-ZIP	<b>NASHVILLE TN</b>			1.4 CITY-ST-ZIP	<b>Nashville TN 37203</b>		
TITLE	<b>DPC</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>BARRICK, JAMES ROBIN</b>			2.2 NAME	<b>Harry B. Rike</b>		
STREET ADDRESS	<b>3319 WEST END AVE #700</b>			2.3 STREET ADDRESS	<b>5100 Poplar Avenue, Suite 1600</b>		
CITY-ST-ZIP	<b>NASHVILLE TN</b>			2.4 CITY-ST-ZIP	<b>Memphis TN 38137</b>		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		3.1 TITLE	<b>V</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>SECKMAN, CLAY R.</b>			3.2 NAME			
STREET ADDRESS	<b>3319 W END AVE #700</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>NASHVILLE TN</b>			3.4 CITY-ST-ZIP			
TITLE	<b>T</b>	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>DEAL, RONALD B.</b>			4.2 NAME			
STREET ADDRESS	<b>3319 WEST END AVE #700</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>NASHVILLE TN</b>			4.4 CITY-ST-ZIP			
TITLE	<b>DVS</b>	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>LANE, STEPHEN C.</b>			5.2 NAME			
STREET ADDRESS	<b>3319 WEST END AVE #700</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>NASHVILLE TN</b>			5.4 CITY-ST-ZIP			
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE		6.1 TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>MARTYAK, MARK STEPHEN</b>			6.2 NAME	<b>Martyak, Mark Stephen</b>		
STREET ADDRESS	<b>6365 N.W. 6TH WAY # 201</b>			6.3 STREET ADDRESS	<b>600 West Hillsboro, Suite 300</b>		
CITY-ST-ZIP	<b>FORT LAUDERDALE FL</b>			6.4 CITY-ST-ZIP	<b>Deerfield Beach FL 33441</b>		

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.

SIGNATURE: *[Handwritten Signature]* 4/20/98 605-383-1113

CR2E034 (10/97)