

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

**FILED**  
**Mar 10 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **P93 0000 88786**  
 1. Corporation Name  
**SMYTHE & CORLANDT CO.**

Principal Place of Business Mailing Address  
**5055 N. AIA**  
**VERO BCH. FL 32963**

2. Principal Place of Business 2a. Mailing Address  
 21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.  
 22. City & State 27. City & State  
 23. Zip Country 28. Zip Country  
 24. 25. 29. 30.

3. Date Incorporated or Qualified **DEC. 28 1993** 3a. Date of Last Report **96**  
 4. FEI Number **65-049-5213** 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

9. Name and Address of Current Registered Agent  
**ALAN F. WAGNER**  
**WAGNER, VAUGHN ; MCLAUGHLIN**  
**601 BAYSHORE BLVD.**  
**SUITE 910**  
**TAMPA, FL 33606**

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. 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 \_\_\_\_\_

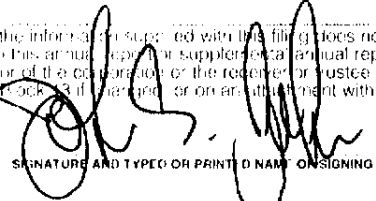
12. OFFICERS AND DIRECTORS

|                |                                 |
|----------------|---------------------------------|
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | <b>PRESIDENT</b>  |
| 1.3 STREET ADDRESS | <b>ANTHONY TINGHITELLA</b>  |
| 1.4 CITY-ST-ZIP    | <b>814 DAHLIA LANE</b><br><b>VERO BCH. FL 32963</b>               |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | <b>VICE PRESIDENT</b>   |
| 2.3 STREET ADDRESS | <b>ERIC C. STUBER</b>   |
| 2.4 CITY-ST-ZIP    | <b>7486 BRUNSON CIR.</b><br><b>LAKE WORTH, FL 33467</b>           |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | <b>TREASURER</b>  |
| 3.3 STREET ADDRESS | <b>JOHN G. FULCHER</b>  |
| 3.4 CITY-ST-ZIP    | <b>814 DAHLIA LANE</b><br><b>VERO BEACH, FL 32963</b>             |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           | <b>SECRETARY</b>  |
| 4.3 STREET ADDRESS | <b>JOHN G. FULCHER</b>  |
| 4.4 CITY-ST-ZIP    | <b>814 DAHLIA LANE</b><br><b>VERO BEACH FL 32963</b>              |
| 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           | <b>300002108743</b>   |
| 6.3 STREET ADDRESS | <b>-03/10/97--01051--007</b>                                      |
| 6.4 CITY-ST-ZIP    | <b>***165.00</b>  |

14. I do hereby certify that the information furnished with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included on this annual report or supplementary 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 13 of this report, or on an attachment with an address.

SIGNATURE:  **JOHN G. FULCHER** **3/3/97 (561) 234-1200**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)