

1999 Profit Corp. Annual Report
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 18, 1999 8:00 am
Secretary of State

02-18-1999 90027 042 ***150.00

DOCUMENT # P97000103679

1. Corporation Name
ROBERT W. SMITH, PA



Principal Place of Business
9308 120TH STREET NORTH
SEMINOLE FL 33772

Mailing Address
9308 120TH STREET NORTH
SEMINOLE FL 33772

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/01/1998

4. FEI Number
593480124

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 owes the current year intangible Personal Property Tax. Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
25 Suite, Apt. #, etc.
26 City & State
27 Zip
28 Country

9. Name and Address of Current Registered Agent
SMITH, ROBERT W
9308 120TH STREET NORTH
SEMINOLE FL 33772

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
D	SMITH, ROBERT W	9308 120TH STREET NORTH	SEMINOLE FL 33772	
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1	1.2	1.3	1.4		
2.1	2.2	2.3	2.4	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.1	3.2	3.3	3.4	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.1	4.2	4.3	4.4	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.1	5.2	5.3	5.4	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.1	6.2	6.3	6.4	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *Robert W. Smith*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/99 (727)3977851
Date Daytime Phone #

CR2E034 (1/198)