

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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 170771 (0)
1. Corporation Name
NO-TRO, INC.

Principal Place of Business
3316 S 3RD STREET
JACKSONVILLE BEACH FL 32250

Mailing Address
3316 S 3RD STREET
JACKSONVILLE BEACH FL 32250



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 P.O. Box 128 Suite, Apt. #, etc. 22 City & State 23 Old Town, FL. Zip Country 24 32680 25		2a. Mailing Address 26 P.O. Box 128 Suite, Apt. #, etc. 27 City & State 28 Old Town, FL. Zip Country 29 32680 30		3. Date Incorporated or Qualified 11/01/1952	
		4. FEI Number 59-0682543		Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH SR, BONNIE I
315 34TH AVE SO
JACKSONVILLE BEACH FL 32250

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
1546 Ocean Blvd
63
64 City Atlantic Beach FL 65 Zip Code 32233

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH SR, BONNIE I	1.2 NAME	
STREET ADDRESS	315-34 AVENUE SOUTH	1.3 STREET ADDRESS	1546 Ocean Blvd.
CITY-ST-ZIP	JAX BEACH, FL 00000	1.4 CITY-ST-ZIP	Atlantic Beach, FL. 32233
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH JR, BONNIE I	2.2 NAME	
STREET ADDRESS	3316 S THIRD ST	2.3 STREET ADDRESS	P.O. Box 128
CITY-ST-ZIP	JAX BEACH, FL 00000	2.4 CITY-ST-ZIP	Old Town, FL. 32680
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH JR, BONNIE I	3.2 NAME	
STREET ADDRESS	3316 S THIRD ST	3.3 STREET ADDRESS	P.O. Box 128
CITY-ST-ZIP	JAX BEACH, FL 00000	3.4 CITY-ST-ZIP	Old Town, FL. 32680
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, JUDITH L	4.2 NAME	
STREET ADDRESS	3316 S THIRD ST	4.3 STREET ADDRESS	P.O. Box 128
CITY-ST-ZIP	JAX BEACH, FL 00000	4.4 CITY-ST-ZIP	Old Town, FL. 32680
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Judith L. Smith Judith L. Smith 4-2-98 904/249-2627

CR2E034 (10/97)