	NOW: FILING	<b>FEE AFT</b>	ER MAY 1	IS \$22	25.00				
CORE ANNU	PROFIT PORATION PAL REPORT		FLORIDA DEF Sandr	ARTMENT a B. Mortha stary of Sta	OF STATE				
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Corporation DEV 0	SMITH FORD, INC.		• • •						
DEV 3	SWITH FUND, ING.					 	AMEL NOLAMAN	BIBII BIBN BI	NIL GLEN GIBIN II
nicipal Paper of Business 1210 Northlake BLVD P O BOX 12517 LAKE PARK FL 33403		Mo	Mailing Address 1210 Northlake BLVD P O 80X 12517 LAKE PARK FL 33403						
						<ol> <li>Date Incorporated or Qualified</li> <li>10/27/1953</li> </ol>	3a. Dat	05/02/1	995
Parioqual Pka	ce of Buomass	F** 1	Maring Address	hlaka	Dlvd	4. FEI Number 59-1719480	- I		Applied For
Sinte Apr. #	State: April #, etc. By & State		26 1210 Northlake Blvd. Suite, Apt. #, etc. 27 City & State 28 Lake Park. FL		DIVU.	5. Certificate of Status Desired		\$8.75	Not Applicab Additional Required
City & State					6. Election Campaign Financing Trust Fund Contribution		\$5.0	May Be	
Zijo	Country <b>25</b>	29	33403	Cou	intry JSA	This corporation has liability fo     Florida Statutes			d to Fees 199 032,
	9. Name and Address of	Current Regist	ered Agent		r	10. Name and Address of New		Agent	
SMITH,	NICHOLAS S				81 Name				
107 BC	DWSPRIT DR				82 Street Add	fress (P.O. Box Number is Not Accepta	ble)		<del></del>
NORTH	1 PALM BEACH FL 3340	В			83				
					84 City		<del></del>	85 Zig	p Code
. Parsaant to	the provisions of Sections 6	07.0502 and 655	/ 1508 Florido Statu	tor the she		colors of books this	FL	1 1 '	
orregistere tarriller with	d agent, or both, in the State i, and accept the obligations	of Florida, Such of, Section 607.0	change was author. 1505, Florida Statute	zed by the o	corporation's boa	oration submits this statement for the pi ard of directors. I hereby accept the ap	pripose or ch pointment as	anging its r registered	egistered offi Lagent, Lant
NATURE									
- 1									
	OFFICE	ERS AND DIREC			April Styrature require	ed wher renstating)  ADDITIONS/CHANGES TO OF	DATE FICERS AND	OUBLOTO	DC IN 10
1	PDST OFFICE	ERS AND DIREC		OIE Registered 13.		nd when reinstating)  ADDITIONS/CHANGES TO OF		DIRECTO	PRS IN 12
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ELADRESS SLZB  LLADRESS SLZB	PDST OFFICE SMITH, NICHOLAS S 107 BOWSPRIT DR	ERS AND DIRECT	DETELE	13. 111 12 N 13 S 14 C 2 11 22 N 23 S 24 C 3 11 32 N 33 S 34 C 4 11 42 N 43 S 44 C 5 11 52 N 53 S 6 C 6 11 62 N 63 S	THE MME  HELLADDRESS TY-ST-ZIP  THE MME  REELADDRESS TY-SL-ZIP  THE MME  HELLADDRESS TY-SL-ZIP  THE MME		FICERS AN	Change Change Change	Addition Addition Addition Addition

Nicholas S. Smith, President 1/17/96 (407) 845-2900 Charles OF Diagnosis of Diagnosis Proper