## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



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

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DOCUM 1. Corporation N SOUTH		` '				
Principal Place of	f Business	Mailing Address	<del> </del>		8681  8181  8181  8181  8181  8181  8181	
RICHARD H.SMITH JR. 4380 N W 135TH ST OPA LOCKA FL 33054		RICHARD H.SMITH JR 4380 N W 135TH ST OPA LOCKA FL 3305				
OFA LOONA	10 33034	OF A LOOKA TE SOO	•	3. Date incorporated or Qualified 3a 04/01/1955	n. Date of Last Report 04/27/1995	
2. Principal Place of Business		2a. Mailing Address 26		4. FEI Number 59-0735912	Applied For Not Applicable	
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Crty & State		Crty & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
		Zip 29	Country 30	8. This corporation has liability for intan	gible tax under s. 199.032,	
<u> </u>	g. Name and Address of Current	<u> </u>	1,00	10. Name and Address of New Regis	tered Agent	
4380 NV	RICHARD H. JR. W 135TH ST. ICKA FL 33054		<ul><li>81 Name</li><li>82 Street Addr</li><li>83</li><li>84 City</li></ul>	ess (P.C). Box Number is Not Acceptable)	FL 85 Zip Code	
or registered familiar with, SIGNATURE	d agent, or both, in the State of Florida , and accept the obligations of, Section gnature, typed or privided name of rug stered agent a	a. Such change was authorize n 607.0505, Florida Statutes. nd title if applicable (NO	ed by the corporation's boar		nent as régistered agent. I am	
12.	OFFICERS AND	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICE	Change Addition	
TIME	SMITH, RICHARD H. JR.		1 1 TITLE 1.2 NAME		[] Orlange [] Addition	
NAME STREET ADDRESS	2743 OAKBROOK DRIVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL 33332	Fi brieff	1.4 CITY - ST - ZIP		Change Addition	
TITLE	SD Smith, debbie e.	☐ DELETE	2. 1 THTLE		Change L Addition	
NAME	2743 OAKBROOK DRIVE		2.2 NAME 2.3 STREET ADDRESS			
STREET ADORESS	FT LAUDERDALE FL 33332		2.4 CHY-ST-ZIP			
CITY-\$1-ZIP TITLE		DELETE	3 1 TITLE		☐ Change ☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS			33 STREET ADDRESS			
CITY-S1-ZIP			3.4 CHTY - ST - ZIP			
TiTLE		☐ DELETE	4 1 TITLE		☐ Change ☐ Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5 1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			
CITY - S1 - ZIP			5.4 CITY - ST - ZIP			
THUE		☐ DELETE	6 1 THTLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-ST-ZIP	6. 0	WA Florida Chat des 15 db -	
14. I do hereby certify that to oath; that I appears in I	certify that the information Supplied withe information Indicated on this annual aman officer or director of the composition of 2 for Block 13 for change of 2	ith this filing is voluntarily furn al report or supplemental anni ation or the lecgiver or truste in an attach lieg bath an addr	isned and does not qualify to ual report is true and accura- e empowered to execute the ress.	for the exemption stated in Section 119.07( ate and that my signature shall have the san is report as required by Chapter 607, Florid	olini, Florina Statutes. I turther ne legal effect as if made under a Statutes; and that my name	

SIGNATURE:

ED NAME OF SIGNING OFFICER OR DIRECTOR

305-688282

CR2E034 (12/95)