	PROFIT RPORATION			RTMENT OF STATE		
	UAL REPORT			B. Mortham iry of State		
	1996		DIVISION OF	CORPORATIONS		
DOCU 1. Corporatio	MENT #	257	439			
SN	MITH - DAU	s Associa	HTES, IN	1C		
Principal Place			ing Address			
	75 US #		ç	Ame		
Vero Beach, FI 32962 SAME					3. Date Incorporated or Qualified	3a. Date of Last Report
	lace of Business		Aailing Address		111 A.R. 29 1962 4. FEI Number	MAY 1995
21		26	Mailing Address		59-09516	72 Applied For Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.	·····	5. Certificate of Status Desired	\$8.75 Additional
City & Stat		27	ity & State	0 0	6. Election Campaign Financing	Fee Required \$5.00 May Be
23 V-e Zip	Country	28	Vero	Beech	Trust Fund Contribution	Added to Fees
		LA 29	32962	30 Country	B. This corporation has liability for Florida Statutes	r intangible tax under s 199.032, s I No
		s of Current Registe	red Agent		10. Name and Address of New	
$\cdot \nabla$	AVID B	SMITH		81 Name	DB SMITH	
	3041 SW	68 Lane	2	82 Street	Address (P.O. Box Number is Not Accepta	ble)
•	oxinesu lle			83		
• 6	ount su ne	MA 33	2608	84 City	Ran Barl	FL 85 Zip Code
11. Pursuant	to the provisions of Sectio	ns 607.0502 and 607.1	508, Florida Statutes	, the above-named co	provide the public transmission of transmis	
icar maga va	th, and accept the obligat	ons of, Section 607.05	05, Florida Statutes.	by the opporation's	board of directors. Thereby accept the app	
SIGNATURE	Signature, typed or printed name of	registered agent and litie if appl	icatxle. (NOTE	: Registered Agent signature r		L/ · ZZ-96
	PAVID B	FICERS AND DIRECTO	DRS 12+BELETE	13.	ADDITIONS/CHANGES TO OF	ICERS AND DIRECTORS IN 12
NAME	PRes	214 17 4		1.2 NAME	DBSNITH	Change Addition
STREET ADDRESS	3041 54	068 Lan	e	1 3 STREET ADDRESS	675 US #1	
CITY-St-ZIP THTLE	SP.CAP Leave	he N 3	CHOELETE	1.4 CITY - ST - ZIP 2. 1 TITLE	Vero Barch, Fin Druch SecretARY-	32962
NAME	GAINESUI SECRETARY MRS DAU 3041 SIN GAINESUI	Treasurer	- 14	2.2 NAME	DOULLAS SMITH	TREASE A Change B Addition
STREET ADORESS	3041 510	68 LANC		2.3 STREET ADDRESS	675 KS #1	
CITY-ST-ZIP TITLE	G AINESUL	LLE, EL		2.4 CITY-ST-ZIP 3.1 TITLE	Vero Beach FL	<u>3 296 2</u>
NAME				3 2 NAIME		
STREET ADDRESS				3.3. STREET ADDRESS		
CITY ST-ZP			DELETE	3.4 CITY - ST - ZIP 4. 1 TITLE		Change 🗍 Addition
TITLE			—	4.2 NAME		Li orange Li Auuron
NAME						
NAME STREET ADDRESS				4.3 STREET ADDRESS		
NAME			DELETE	4.4 CITY - ST- ZIP	<u> </u>	
NAME STREET ADDRESS C(TY - ST - Z(P			DEL ETE		1000018 -04/30/9601	DICICSDullage C Addition
NAME STREET ADDRESS C(TY - ST - ZIP TITLE NAME STHEET ADDRESS			DEL ETE	4.4 CI1Y - ST-ZIP 5. 1 TITLE	1000018 -04/30/96010 ***200.00	DIDIC Debulage D Addition
NAME STREET ADDRESS CITY - ST - ZIP TIFLE NAME				4.4 CITY - ST-ZIP 5.1 TITLE 52 NAME 53 STREET ADDRESS 5.4 CITY - ST-ZIP	1000018 -04/30/9601 ***200.00	DIGC Stalage Addition
NAME STREET ADDRESS C(TY - ST - ZIP TITLE NAME STREET ADDRESS C(TY - ST - ZIP			DELETE	44 CITY - ST-ZIP 5.1 TITLE 52 NAME 53 STREET ADDRESS	1000018 -04/30/9601(***200,00	DI9U24 Charge > Orddilion
NAME STREEL ADDRESS C(IY - SI - 2/P TITLE NAME STREEL ADDRESS C(IY - SI - 2/P T)TLE NAME STREEL ADDRESS				4.4 CITY - ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST-ZIP 6.1 TITLE	1000018 -04/30/9601 ***200.00	DDC DD
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TUTLE NAME STREET ADDRESS CITY-ST-ZIP 14. Lido hereby	y certify that the informatic	n supplied with this filin	DELETE	4 4 CITY - ST - ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP 6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY - ST - ZIP	***200.00	Charge > Produition
NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP 14 . I do hereby certify that oath; that I	an an officer or director i	of the corporation or the	DELETE g is voluntarily furnist supplemental annual e receiver or trustee e	4.4 CITY - ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST-ZIP TOPOOT IS TRUE AND ACTION TOPOOT IS TRUE ACTION	***200.00	Charge > Daddilion
NAME STREEL ADDRESS C(1Y - S1 - ZIP TITLE NAME STREET ADDRESS C(1Y - S1 - ZIP TITLE NAME STREET ADDRESS C(1Y - S1 - ZIP 14 . I do hereby certify that oath, that I		of the corporation or the	DELETE DELETE supplemental annual e receiver or trustee e iment with an addres	4 4 CITY - ST-ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 DITY - ST-ZIP 6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY - ST-ZIP 10 4 and Opes not qua report is frue and acc mpowered to execute 5.	***200,00 fy for the exemption stated in Section 119 purate and that my signature shall have the this report as required by Chapter 607, Fi	Cr(3)(k), Fiorida Statutes. I further same legal effect as if made under orida Statutes; and that my name
NAME STREEL ADDRESS CITY_S1-ZIP TITLE NAME STREET ADDRESS CITY_S1-ZIP TITLE NAME STREET ADDRESS CITY_S1-ZIP 14. I do hereby certify that oath; that I	am an officer or director i Block 12 or Block 13 if ch	of the corporation or the	DELETE g is voluntarily furnish supplemental annual e receiver or trustee e iment with an addres (DBSSM	4 4 CITY - ST- ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST- ZIP 6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY - ST- ZIP 16 4 CITY - ST- ZIP 17 4 CITY - ST- ZIP 16 4 CITY - ST- ZIP 17 4 CITY - ST- ZIP 17 4 CITY - ST- ZIP 18 4 CITY - ST- ZIP 19 4 CITY - ST- ZIP 19 4 CITY - ST- ZIP 10 4 CITY - ST	***200,00 fy for the exemption stated in Section 119 purate and that my signature shall have the this report as required by Chapter 607, Fi	Charge > Daddilion