

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 513350 (9)

1. Corporation Name

CHARLES D. SMITH INSURANCE, INC.

Principal Place of Business

115 S. 21ST AVENUE
HOLLYWOOD FL 33020

Mailing Address

115 S. 21ST AVENUE
HOLLYWOOD FL 33020



3. Date Incorporated or Qualified
09/03/1976

3a. Date of Last Report
02/22/1995

4. FEI Number

59-1698738

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, CHARLES D
115 SOUTH 21ST AVENUE
HOLLYWOOD FL 33020

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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 filer if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME SMITH, CHARLES D.

STREET ADDRESS 315 N.E. 98TH ST.

CITY-ST-ZIP MIAMI SHORES FL

TITLE SD ☐ DELETE

NAME SMITH, MARYLIN M.

STREET ADDRESS 315 N.E. 98TH ST.

CITY-ST-ZIP MIAMI SHORES FL

TITLE D ☐ DELETE

NAME BUTLER, ROBERT B

STREET ADDRESS 460 SHERIDAN STREET, STE. 501

CITY-ST-ZIP HOLLYWOOD FL

TITLE D ☐ DELETE

NAME SMITH, MARY LYNN

STREET ADDRESS 315 NE 98TH ST.

CITY-ST-ZIP MIAMI SHORES FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

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

☒ Change ☐ Addition

113 SOUTH 21 AVENUE
HOLLYWOOD FL. 33020

☒ Change ☐ Addition

113 SOUTH 21 AVENUE
HOLLYWOOD FL 33020

☐ Change ☐ Addition

113 SOUTH 21 AVENUE
HOLLYWOOD FL 33020

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Charles D. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 17, 1996 (954)925-6991

Date

Daytime Phone #

CR2E034 (12/95)