

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90021 027 ***150.00

DOCUMENT # 513350

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/03/1976

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

MARYLIN M. SMITH

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

115 South 21 Avenue

83

84 City

Hollywood

FL

85 Zip Code
33020

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITH, CHARLES D.	
STREET ADDRESS	113 SOUTH 21 AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SMITH, MARYLIN M.	
STREET ADDRESS	113 SOUTH 21 AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BUTLER, MARK F	
STREET ADDRESS	4601 SHERIDAN ST SUITE 505	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, MARY LYNN	
STREET ADDRESS	113 SOUTH 21 AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SMITH, MARYLIN M.	
1.3 STREET ADDRESS	113 South 21 Avenue	
1.4 CITY-ST-ZIP	Hollywood FL 33020	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	James I. Ridley	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	100 NE 3RD Avenue #1100	
3.3 STREET ADDRESS	Ft. Lauderdale, Fl .33301	
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARYLIN M. SMITH, PRES./DIRECTOR

April 20, 1999 954 925-6993

CR2E034 (11/98)

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