

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

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Jan 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 587861 (6)

1. Corporation Name
TODD L. SMITH, P.A.



Principal Place of Business
RIVERWALK PLAZA
333 NORTH NEW RIVER DRIVE, EAST. STE. 1000
FT. LAUDERDALE FL 33301

Mailing Address
RIVERWALK PLAZA
333 NORTH NEW RIVER DRIVE, EAST. STE. 1000
FT. LAUDERDALE FL 33301-2205

3. Date Incorporated or Qualified
09/28/1978

3a. Date of Last Report
02/15/1996

2. Principal Place of Business
21 319 SE 14 STREET
Suite, Apt. #, etc.
22 City & State
23 FT. LAUDERDALE, FL
Zip
24 33316 Country
25 USA

2a. Mailing Address
26 PO BOX 7315
Suite, Apt. #, etc.
27 City & State
28 FT. LAUDERDALE, FL
Zip
29 33338-7315 Country
30 USA

4. FEI Number
59-1852026

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

9. Name and Address of Current Registered Agent
SMITH, TODD L
333 N. NEW RIVER DR., E #1000
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent
81 Name TODD L. SMITH
82 Street Address (P.O. Box Number is Not Acceptable)
319 SE 14 STREET
83
84 City FT. LAUDERDALE FL 85 Zip Code 33316

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, TODD L	
STREET ADDRESS	333 N. NEW RIVER DR. E	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SMITH, NAOMI B	
STREET ADDRESS	333 N. NEW RIVER DR. E	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	PO BOX 7315
1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33338-7315
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	PO BOX 7315
2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33338-7315
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
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 do 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.

SIGNATURE: Todd L Smith TODD L. SMITH 1-12-97/954-630-9690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)