

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 30, 1999 8:00 am
Secretary of State

04-30-1999 90134 025 ***150.00

DOCUMENT # 602189

1. Corporation Name
SEYMOUR & SMOUSE, P.A.

Principal Place of Business
104 S E 8TH AVE
FT LAUDERDALE FL 33301

Mailing Address
104 S E 8TH AVE
FT LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1970

4. FEI Number

59-1300544

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 1633 River Lane

Suite, Apt. #, etc.

22

City & State

23 Ft. Lauderdale FL

Zip

24 33316

Country

25 USA

2a. Mailing Address

26 P.O. Box 460880

Suite, Apt. #, etc.

27

City & State

28 Ft. Lauderdale FL

Zip

29 33346

Country

30 USA

9. Name and Address of Current Registered Agent

PAYNE, JOHN
1028 N E 45 STREET
FORT LAUDERDALE, FLORIDA
33334

10. Name and Address of New Registered Agent

81 Name

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

1 N. UNIVERSITY DR

83 Ft. Lauderdale

84 City

FL

85 Zip Code

33324

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 ☐ DELETE

NAME SEYMOUR, CHARLES F
STREET ADDRESS 104 S.E. 8TH AVE.
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE S ☐ DELETE

NAME SMOUSE, WILLIAM R
STREET ADDRESS 104 S.E. 8TH AVE.
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE D ☐ DELETE

NAME SMOUSE, WILLIAM R
STREET ADDRESS 104 S.E. 8TH AVE.
CITY-ST-ZIP FORT LAUDERDALE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 1633 River Lane

1.4 CITY-ST-ZIP Ft. Lauderdale FL 33316

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 1633 River Lane

2.4 CITY-ST-ZIP Ft. Lauderdale FL 33316

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 1633 River Lane

3.4 CITY-ST-ZIP Ft. Lauderdale FL 33316

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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]
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-99

CR2E034 (11/98)