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Mar 26 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 # 632169 (9)

1. Corporation Name
SMITH & SMITH THE REAL ESTATE CENTER, INC.

Principal Place of Business

1049 WAVECREST AVE.
INDIALANTIC FL 32903

Mailing Address

1049 WAVECREST AVE.
INDIALANTIC FL 32903-3235

3. Date Incorporated or Qualified
08/07/1979

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

4. FEI Number

59-1940358

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

9. Name and Address of Current Registered Agent

SMITH, CHARLES L
1049 WAVECREST AVE
INDIALANTIC FL 32903

10. Name and Address of New Registered Agent

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 title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE P
NAME SMITH, CHARLES L.
STREET ADDRESS 1049 WAVECREST AVE.

☐ DELETE

TITLE V
NAME SMITH, FRANCES C.
STREET ADDRESS 1049 WAVECREST AVE.
CITY-ST-ZIP INDIALANTIC FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. 11 TITLE
12 NAME
13 STREET ADDRESS

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS

☐ Change ☐ Addition

24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS

☐ Change ☐ Addition

34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS

☐ Change ☐ Addition

44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS

☐ Change ☐ Addition

54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS

☐ Change ☐ Addition

64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-21-97 407-723-1111

CE034 (9/96)