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FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 681464 (4)
1. Corporation Name
CRAIG A. SMITH & ASSOCIATES OF FLORIDA, INC.



Principal Place of Business
1000 W. MCNAB RD.
POMPANO BCH. FL 33069

Mailing Address
1000 W. MCNAB RD.
POMPANO BCH. FL 33069

DO NOT WRITE IN THIS SPACE

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

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30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/07/1980

4. FEI Number

59-2010476

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

SMITH, CRAIG A.
1900 SOUTH OCEAN BLVD, APT 8F
POMPANO BEACH FL 33062

81 Name

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

1000 W. MCNAB RD

83

SUITE 200

84 City

POMPANO BEACH

FL

85 Zip Code

33069

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SMITH, CRAIG A
STREET ADDRESS 1900 SOUTH OCEAN BLVD APT 8F
CITY-ST-ZIP POMPANO BEACH FL

1.1 TITLE
1.2 NAME CHAIRMAN
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE SD
NAME SMITH, STEPHEN C.
STREET ADDRESS 9980 MAJORCA PL
CITY-ST-ZIP BOCA RATON FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VD
NAME CONROD, FREDERICK E.
STREET ADDRESS 22067 FLOWER DRIVE
CITY-ST-ZIP BOCA RATON FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VD
NAME MILTA, M. DALE
STREET ADDRESS 209 3RD ST
CITY-ST-ZIP CANAL POINT FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VD
NAME SCHRINER, GENE R.
STREET ADDRESS 1975 SOUTH CLUB DRIVE
CITY-ST-ZIP W. PALM BEACH FL

5.1 TITLE PRESIDENT
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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.

SIGNATURE:

CRAIG A SMITH

4/24/98

954782 8222

CR2E034 (10/97)