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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # **681464**

1. Corporation Name
CRAIG A. SMITH & ASSOCIATES OF FLORIDA, INC.

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 08/07/1980

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-2010476 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

9. Name and Address of Current Registered Agent

SMITH, CRAIG A.
1000 W MCNAB RD
STE 200
POMPANO BCH FL 33069

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDC	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, CRAIG A		1.2 NAME		
STREET ADDRESS	1900 SOUTH OCEAN BLVD APT 8F		1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, STEPHEN C.		2.2 NAME		
STREET ADDRESS	9960 MAJORCA PL		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CONROD, FREDERICK E.		3.2 NAME		
STREET ADDRESS	22067 FLOWER DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☑ Change ☐ Addition
NAME	MILITA, M. DALE		4.2 NAME		
STREET ADDRESS	209 3RD ST		4.3 STREET ADDRESS	36910 3rd Street	
CITY-ST-ZIP	CANAL POINT FL		4.4 CITY-ST-ZIP		
TITLE	PVD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SCHRINER, GENE R.		5.2 NAME		
STREET ADDRESS	1975 SOUTH CLUB DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: _____ 2/22/99 954-782-8222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #