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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

F05871

(1)

FILED May 08 1998 8:00am Secretary of State

| SMUDGER'S   | , INC.                           |                                  |                    |               |  |  |                 |               |
|---|----------------------------------|----------------------------------|--------------------|---------------|--|--|-----------------|---------------|
| Principal Place of Business Mailing Address   |                                  |                                  |                    |               |  | 4 - Cardidor Isus Adrias Risas sosts 1909) albs Albas asidi                | 040[4 61614 01  |               |
| \$37 N.E. 3RD AVENUE 337 N.E. 3RD AVENUE DELRAY BEACH FL 33444 DELRAY BEACH FL 33444  |                                  |                                  |                    |               |  |  |                 |               |
|   |                                  |                                  |                    |               |  | DO NOT WRITE IN THIS  3. Date Incorporated or Qualified                    | SPACE           |               |
|   |                                  |                                  |                    |               |  | 1  |                 |               |
| 2. Principal Place of Business 2a. Mailing Address  |                                  |                                  |                    |               |  | 11/19/1980<br>4. FEI Number  | 1 14            | pplied For    |
| <u> </u>  |                                  | 26                               |                    |               |  | 59-2054061   |                 | ot Applicable |
| Suite, Apt. #, etc.   | <del></del>                      | Suite, Apt. #, etc.              |                    |               |  |  |                 | Additional    |
| 22  |                                  | 27                               |                    |               |  | 5. Certificate of Status Desired   | Fee R           | equired       |
| City & State  |                                  | City & State                     | h-g '              |               |  | 6. Election Campaign Financing   | \$5.00          | May Be        |
|   |                                  | 28                               |                    |               | Trust Fund Contribution                | Added  | to Fees         |               |
| Zip<br>⊐1   | Country Zip                      |                                  | Country            |               |  | 8. This corporation owes or has paid the cu                                |                 |               |
| 24  | 25 ame and Address of Curren     | 29 29 Accept                     | 30                 |               |  | Personal Property Tax due June 30.  10. Name and Address of New Registered |                 | No            |
|   |                                  | t Hadistalan vidatit             |                    | 81            | Name                                   | 10. Hame and Address of New Hegistered                                     | wholir          |               |
| TULLOS, HELEN 118 N.W. 4TH STREET   |                                  |                                  |                    |               | 110                                    |  |                 |               |
|   |                                  |                                  | 62                 | Street Addres | ss (P.O. Box Number is Not Acceptable) |  | 1               |               |
| BUTNIUN   | BEACH FL 33435                   |                                  |                    | 83            |  |  | · <u>-</u>      |               |
|   |                                  |                                  |                    |               |  |  |                 |               |
|   |                                  |                                  |                    | 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  Signalure, typed or printed faire of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating).  DATE |                                  |                                  |                    |               |  |  |                 |               |
| 12.   | OFFICERS AND                     | DIRECTORS                        | 13.                |               |  | ADDITIONS/CHANGES TO OFFICERS ANI  | DIRECTO         | RS IN 12      |
| TITLE DP  |                                  | DELETE                           | 1.1 TI             | TLE           |  |  | Change          | Addition      |
|   | los, Helen                       |                                  | 1.2 NAME           |               | ļ                                      |  |                 | t             |
|   |                                  |                                  | 1.3 S              |               | DORESS                                 |  |                 | Í             |
|   | NTON BEACH FL                    |                                  | 1.4 CITY-ST-       |               | ŽIP                                    |  | T 1 a.          |               |
| TITLE   |                                  | ☐ DELETE                         | 2.1 Ti             |               | }                                      |  | Change          | ☐ Addition    |
| HAME  |                                  |                                  | 2.2 NAME           |               |  |  |                 |               |
| TREET ADDRESS   |                                  |                                  | 2.3 STREET ADDRESS |               | 1                                      |  |                 | ſ             |
| CITY-ST-ZIP   |                                  | DELETE                           | DELETE 3.1 TITLE   |               | - ZIP                                  |  | Change          | Addition      |
| MAME  |                                  | _ occor                          | 3.1 N              |               | }                                      |  | Smirigo         |               |
| STREET ADDRESS  |                                  |                                  |                    |               | DDRESS                                 |  |                 | l             |
| CITY-ST-ZIP   |                                  |                                  |                    | ITY-ST        |  |  |                 |               |
| TITLE   |                                  | DELETE                           | 4.1 TI             |               |  | ·  | Change          | Addition      |
| NAME  |                                  |                                  | 4. 2 N             | IAME          | -                                      |  |                 | ļ             |
| STREET ADDRESS  |                                  |                                  | 4.3 \$1            | IREET A       | DDRESS                                 |  |                 | l             |
| CITY-ST-ZIP   |                                  |                                  |                    | TY-ST-        | ZIP                                    |  |                 |               |
| TITLE   |                                  | DELETE                           | 5.1 Ti             | 5.1 TITLE     |  |  | ☐ Change        | Addition      |
| HAME  |                                  |                                  | 5.2 N              |               |  |  |                 |               |
| STREET ADDRESS  |                                  |                                  |                    |               | Odress                                 |  |                 | ł             |
| CITY-ST-ZIP   |                                  | Dipere                           |                    | TY-5T-        | ZIP                                    |  | 05              | T Address     |
| TITLE   |                                  | ☐ DELETE                         | 6171               |               |  |  | L Change        | Addition      |
| NAME  |                                  |                                  | 6.2 N              |               | [                                      |  |                 | l             |
| STREET ADDRESS  |                                  |                                  |                    |               | DDRESS                                 |  |                 |               |
| CITY-ST-ZIP   | at the information supplied will | th this filing does not qualify: |                    | TY-ST-        |  | ection 119.07(3)(i), Florida Statutes. I further ce                        | ertify that the | e information |

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 13 if changed, of on an attachment with an address.

MONATURE:

Velen & Tullor

4/18/48 212-0856