Mailing Address

PROFIT CORPORATION: ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F05871

1. Corporation Name

SMUDGER'S, INC.

Principal Place of Business

DELRAY BEACH		DELRAY BEACH FL 33444					
ACTIVI DEMOL	112 00111	, action opposite out		•	DO NOT WRITE IN THIS SPACE	<u> </u>	
					3. Date Incorporated or Qualifed		
•	_	_			11/19/1980		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			59-2054061	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.	75 Additional	
23		27	n '''		1 = Contitonto of Status Desired 1	ee Required	
City & State		City & State	City & State		6. Election Campaign Financing \$5	.00 May Be	
23		28				ded to Fees	
Zip	Country	Zip	Countr	у	8. This corporation owes the current year Intangible		
24	25		30		Personal Property Tax.		
1	9. Name and Address of Curren		<u> </u>		10. Name and Address of New Registered Agent		
		<u> </u>	8	Name			
TULI	LOS, HELEN	-			CO D. N. berte New Assessment Co.		
	N.W. 4TH STREET		82 Street Add		Idress (P.O. Box Number is Not Acceptable)		
	NTON BEACH FL 33435		83	1			
			"				
			84	l City	E1 85	Zip Code	
				<u> </u>	FL	a ita sasistarad	
office or re	to the provisions of Sections 607.050; egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was auti	norized by	y tne corpora	proration submits this statement for the purpose of changing the statement of directors. I hereby accept the appointment	as registered	
SIGNATURE	-						
S.SIII II OIL	Signature, typed or printed name of registered agen			ent signature requ	uired when reinstating) DATE		
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRE		
TITLE	DP	☐ DELETE	1.1 TTLE		☐ Cha	ange	
NAME ~	TULLOS,-HELEN	2	1.2 NAME		A STATE OF THE STA	•	
STREET ADDRESS	118 NW 4TH ST.		1.3 STREI	ET ADDRESS			
CITY-ST-ZIP	BOYNTON BEACH FL		1,4 CITY-	ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE		Cha	ange	
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREI	ET ADDRESS			
			2. 4 CITY-				
CITY-ST-ZIP		☐ DELETE	3.1 TITLE		□Cha	ange Addition	
TITLE		C PLLEIL	3.2 NAME	. 1		-	
NAME	,			Į.	•		
STREET ADDRESS	·		B .	ET ADDRESS			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	CT herete	3.4. CITY-		∏ Cha	ange Addition	
TITLE	S	☐ DELETE	4.1 TITLE			ange 🗀 Addidom	
NAME		•	4. 2 NAME	·	•		
STREET ADDRESS		•	4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Cha	ange	
NAME			5.2 NAME		•		
STREET ADDRESS			5.3 STRE	ET ADDRESS			
CITY-ST-ZIP		•	5.4 CITY-	ST-ZIP	•		
TITLE	-	. DELETE	6.1 TITLE		Cha	ange Addition	
NAME	,		6.2 NAME		_		
				ET ADDRESS	,		
STREET ADDRESS	let in a fi	The same of the		-,	Fig. 1. Sec. 1997.		
CITY-ST-ZIP			6.4 CITY-	⊅:- ΔΡ			

SIGNATURE:

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.

May 03, 1999 8:00 am Secretary of State

05-03-1999 90050 028 ***150.00