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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F63073

(3)

Mailing Address

R.P. SMITH ASSOCIATES, INC.

FILED Jan 21 1997 8:00am Secretary of State

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% RICHARD P 4761 NW BOC BOCA RATON	A RATON BLVD. UNIT 312	% RICHARD P SMITH 4761 NW BOCA RATON BI BOCA RATON FL 33431-48		3.	Date Incorporated or Qualified 01/03/1982	3a. Date of Last F 05/01/1996	Report
2. Principal Pl	lace of Business	2a, Mailing Address		4.	FEI Number		pplied For
21 /7/4	I NEWFORT CLUBBE	26 17/4/11	EW PORT CH	UPDE	59-2147146) - 1	ot Applicable
Suite, Apl	#, etc.	Surfe, Apt. #, etc.			Certificate of Status Desired	, , , , , ,	Additionat tequired
City & State 23 BOCA	A KATON PL	City & State 28 BOCA KAY	ow, FC	6.	Election Campaign Financing Trust Fund Contribution) May Be I to Fees
24 334	196 25 A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	^{Zip} 33496	30 CALLOS A	H .		Yes No	s. 199.032,
	g. Name and Address of Current	Registered Agent	521 11	10.	Name and Address of New Re	gistered Agent	
476	TH, RICHARD P 1 NW BOCA RATON BLVD, UNIT : CA RATON FL 33431	312	82 Street / 83 84 C 3	Ric Address (F 141 OCA	MARD P. S. O. Box Number is Not Accepted NEW PORT B KATON	ACUB!	Code
11. Pursuant office or reagent. La	to the provisions of Sections 607.0502 (egistered agent, or both, in the State of m familiar with, and accept the obligate the colling of the	f Florida, Such change was a ons of Section 607.0505, Flo	es, the above-named uthorized by the corp rida Statutes. Hegistered Agent signature	oration's t	poard of directors. I hereby accep	urpose of changing of the appointment as	its registered s registered
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12
TITLE	SC	DELETE	1.1 TITLE			Change	☐ Addition
NAME	SMITH, RICHARD P		1.2 NAME			• •	
STREET ADDRESS	4761 NW BOCA RATON BLVD		1.3 STREET ADDRESS	1714	Newport (lub Raston, Fiz	Drue	
CITY - ST - ZIP	_BOCA RATON FL			<u>800</u>	Ration, FZ		
TITLE		DELETE	2.1 TITLE			Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CHY-SI-ZIP		Lourn	2. 4 CITY - ST - ZIP			Change	Addition
THELE		☐ DELETE	3.1 TITLE			C) cliaring	AQUIDON
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS 3.4. City-St-Zip				
CITY-ST-ZIP TITLE		DELETE	4 1 TITLE			Change	Addition
NAME			4 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY - ST - ZIP			4 4 CITY - ST - ZIP				
TITLE		DELETE	51 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			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 - \$T - ZIP	L			

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 STORING OFFICER OR DIRECTOR

1/11/97 (561)994-6442