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 # F9700001882 (6)

R.W. SMITH & ASSOCIATES, INC.

FILED Apr 29 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 700 - 5TH AVENUE. SUITE 6010 SEATTLE WA 98104-5000 700 - 5TH AVENUE. BUITE 6010 **SEATTLE WA 88104-5000** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/10/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 91-1294204 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite Apt #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 23 Country Zın 8. This corporation owes or has paid the current year Intangible u.s.A. 98104- 5064 U.S.A. 29 99104- 5064 Personal Property Tax due June 30. X Yes 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name SMITH, CURTIS C 11862 S.E. TIFFANY WAY Street Address (P.O. Box Number is Not Acceptable) **TEQUESTA FL 33469-1735 B3** Zip Code City 85 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE TITLE 1.1 TITLE SMITH, RICHARD W NAME 1.2 NAME 700 - 5TH AVENUE, SUITE 6010 STREET ADDRESS 1.3 STREET ADDRESS **SEATTLE WA 98104-5000** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE TITI F 3 1 TITLE 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP __ DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition ☐ DELETE 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 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 roport 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 comparation or the receiver or there exemples 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, by on an attaching in with an address.

R.W.S.

CICALATURE.

4/21/98

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