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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 11 1997 8:00 am  
Secretary of State

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(2)

1. Corporation Name

ROBERT SMITH & ASSOCIATES, INC.



Principal Place of Business

500 NE SPANISH RIVER BLVD.  
#207  
BOCA RATON FL 33431

Mailing Address

500 NE SPANISH RIVER BLVD.  
#207  
BOCA RATON FL 33431-4517

3. Date Incorporated or Qualified

08/03/1983

3a. Date of Last Report

06/14/1996

2. Principal Place of Business

2a. Mailing Address

21 500 N.E. Spanish River Blvd

26 500 N.E. Spanish River Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 24

27 Suite 24

City & State

City & State

23 Boca Raton, FL

28 Boca Raton, Florida

Zip

Country

Zip

Country

24 33431 25 Palm Beach

29 33431 30 Palm Beach

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, GARY G  
483 NW 36TH AVE.  
DEERFIELD BEACH FL 33442

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME SMITH, GARY G  
STREET ADDRESS 483 NW 36TH AVE.  
CITY-ST-ZIP DEERFIELD BEACH FL 33442

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ST  
NAME SMITH, MADELINE G  
STREET ADDRESS 2410 DEER CREEK BLVD. #101  
CITY-ST-ZIP DEERFIELD BEACH FL 33442

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 SIGNING OFFICER OR DIRECTOR

2/3/97 (561) 391-4613

CR2E034 (9/96)