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**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Mar 19 1997 8:00am Secretary of State

DOCUMENT # H00325 (1) 1. Corporation Name SMITH ADVENTURES, INC.							
Principal Place	of Business	Mailing Address			1 (5 11 <b>1</b>	HAN DUDUN DADAN BUDUN ANDAN DI	IBII BEBII EBBI
1009 ATLANTIC		2132 BAY RD.					
<b>#7</b>	ALL EL AAAAA	NEPTUNE BCH. FL 3226	66-1613				
ATLANTIC BEA	CH PL 32233	US		-	3. Date incorporated or Qualified 04/24/1984	3a. Date of Last 02/27/1996	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-2393210		Not Applicable
Suite, Apt. 4	#, etc	Suite Apt. #, etc.			5. Certificate of Status Desired	1 7	Additional Required
City & State	<u> </u>	City & State			6. Election Campaign Financing		May Be
23	,	28			Trust Fund Contribution		d to Fees
Zip 24	Country 25	7η·	Country 30		8. This corporation has liability for		
	9. Name and Address of Cure		15.1		IO. Name and Address of New R	egistered Agent	
SIMI	PSON, KURT ANDREW		<b>81</b> Na	me			
3500	SOUTH THIRD ST.		82 Str	eet Address	(P.O. Box Number is Not Accepta	ible)	
JAC	KSONVILLE FL 32250		L.,				
			83				
			84 Cit	y		<b>85</b> 7	p Code
	<del></del>					FL	r ite ropielorod
11. Pursuant t	o the provisions of Sections 607 (	)502 and 607.1508, Florida Stat	utes. The above-nar	ned corpora	ation submits this statement for the	Political Committee of	
office or re agent. I ar SIGNATURE	egistered agent, or both, in the Standard and the ob- mitamiliar with, and accept the ob-	ate of Florida. Such change was il-gations of, Section 607.0505, I	s authorized by the Florida Statutes	corporation	ation submits this statement for the 's board of directors. I hereby acco	ept the appointment i	as registered
office or re agent. I ar SIGNATURE	egistered agent or both, in the Standarder with, and accept the ob- signature, typed or printed name of trappers of	ate of Florida, Such change was digations of, Section 607.0505, I layer and the diappination (N	s authorized by the Florida Statutes off Registerce Agents gi	corporation	s board of directors. I hereby acco	pat the appointment in the state of the same sta	as registered
office or reagent. I are SIGNATURE	egistered agent or both, in the Standard manual accept the ob- Signature, typed or provided nature of treat sees at OFFICERS A	ate of Florida: Such change wat digations of, Section 607.0505, I aged and the dapper abs. (No AND DIRECTORS	s authorized by the florida Statutes. Off Registere Agents grants.  13.	corporation	s board of directors. I hereby acco	pat the appointment in the state of the same sta	ORS IN 12
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office or reagent. I an SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent or both, in the St n familiar with, and accept the ob- Signature, tyred or purified retire of the server. I OF LICERS / PD SMITH, W. AUSTIN 2132 BAY ROAD NEPTUNE BCH. FL STD SMITH, JARED I.	ate of Horida, Such change was al-gations of, Section 607.0505, I a just acut the trapper abs. (Na AND DIRECTORS DELETE	S authorized by the Florida Statutes.  OII Represent Agent sign  13.  1.1 THE  1.2 NAME  1.3 STREET ADDR  1.4 CHY-ST-7P  2.3 THE  2.2 NAME  2.3 STREET ADDR  2.4 CHY-ST-7P	ature required w	s board of directors. I hereby acco	DATE  DATE  DATE  CHANG  Chang	ORS IN 12 e Addition
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information indicated on this artifular report is supplemental amount report is the and accurate a to that my signature shall have the same legar effect of inflict or funder of the component or 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 quanged, or on an attachment with an address.