

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995
AMOUNT DUE ON OR BEFORE 6/30/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION
ANNUAL REPORT
1995**



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

FILED

95 JUL -7 AM 9:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # H21588 (9)
1. Corporation Name
SMILEY THE CLOWN, INCORPORATED

Principal Place of Business Mailing Address
C/O MATTIE JOHNSON JONES WILLIAM 15004 SW 113TH CT
MIAMI FL 33176 TAKE OUT MIAMI FL 33176 TAKE OUT
US US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/18/1984** 3a. Date of Last Report **07/26/1994**
4. FBI Number **65-0143663** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
JONES, MATTIE JOHNSON
15004 SW 113TH CT
MIAMI FL 33176
Please take out the name Jones

10. Name and Address of New Registered Agent
81 Name **MATTIE Johnson Williams**
82 Street Address (P.O. Box Number is Not Acceptable) **15004 S.W. 113th Ct,**
83
84 City **Miami** 85 Zip Code **FL 33176**

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 *Mattie J. Williams* *Mattie J. Williams* 6/27/95
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when resigning.) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	JONES, MATTIE JOHNSON
STREET ADDRESS	15004 SW 113TH CT
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	SIMMONS, DELORIS
STREET ADDRESS	421 SW 28TH AVE
CITY - ST - ZIP	FT LAUDERDALE FL
TITLE	D
NAME	THOMAS, GENITHA
STREET ADDRESS	3357 FRANKLIN AVE
CITY - ST - ZIP	COCONUT GROVE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Mattie Johnson Williams* 6/27/95 2330751
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE TIME

CR2E034 (3/95)