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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1998

H21588

(9)

SMILEY THE CLOWN, INCORPORATED

FILED
May 07 1998 8:00am
Secretary of State

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	<del></del>						
Principal Place	e of Business	Mailing Address			.—		
C/O MATTIE JOHNSON WILLIAMS 15004 SW 113TH CT MIAMI FL 33176		C/O MATTIE JOHNSON WILLIAMS 15004 SW 119TH CT		DO NOT WRITE II	N THIS SPACE		
US		US	MIAMI FL 33176 US		3. Date Incorporated or Qualified		<del></del>
••					09/18/1984		
2. Principal P	lace of Business	2a. Mailing Address	·		4. FEI Number		Applied For
21		26	26		1		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				□ \$8.75	Additional
22		27			e. Certificate of Status Desired	Fee	Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be		O May Be	
23		28	T		Trust Fund Contribution		d to Fees
_ Zip ─	Country	Zip	Cou	ntry	8. This corporation owes or has paid	`	
24	25]	29	30		Personal Property Tax due June 3		No
	9. Name and Address of Curre	nt Hegistered Agent		81 Name	10. Name and Address of New Regi	istered Agent	
	ATTIE JOHNSON WILLIAMS		ļ	Name			
	004 SW 113TH CT		ļ	82 Street Add	dress (P.O. Box Number is Not Acceptable	9)	
MI	AM) FL 33176		ļ	83			
				~~			
			i	84 City		85 Zi	o Code
44 6	4	00			rporation submits this statement for the pur	FL ["] [	3
	- last the state of the state of the state of				ation's board of directors. I hereby accept	me appearance	ao iogistorea
agent. I a	m lamiliar with, and accept the oblic	·	lorida Stati	utes.			
agent. I a	Signature, typod or printed name of registered ag	jent and title it applicable (NC	Torida Stati	utes.	uired when reinstating)	DATE DIDECTO	200 111 40
agent. I a SIGNATURE 12.	Signature, typed or printed name of registered ag	gent and title it applicable (NC ND DIRECTORS	Iorida Stati	ulles. I Agent signature requ	oured when reinstating)  ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	
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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 a 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.

GNATURE:

### 27-98 233 075

4 -27-98 233 0751