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

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J52608 1. Corporation Name

SMOLINSKLAND ASSOCIATES, INC.

	SKI AND ASSOCIATES, INC	/•							
Principal Place of Business Mailing Address				_		- + + + + + + + + + + + + + + + + + + +		BYOLF DIGHT OF BILL	
1717 N CONGRESS AVE 1334 FAIRFAX CIRCLE E. BOYNTON BCH FL 33426 BOYNTON BEACH FL 33462 US US						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
						,	u		
		A Maritima A Jahanan				01/14/1987 4. FEI Number		I An	olled For
⊢ '	Principal Place of Business Address Address							<u> </u>	Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.						59-2761757		\$8.75 A	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			·	5. Certificate of Status Desired		Fee Rec	-
City & State	9	City & State				6. Election Campaign Financing \$5.00 May Be			
23		28			Trust Fund Contribution		Added to	Fees	
Zip	Country Zip Cour 25 29 30			7y 8. This corporation owes the current year Intangible Personal Property Tax. □ Yes □ No					
24	7)					10. Name and Address of Nev	Registerer		
9. Name and Address of Current Registered Agent				N	ame	10. 110110 0110 11001000 01 1100			
SMOLINSKI, LEE A.				Si	reet Addre	dress (P.O. Box Number is Not Acceptable)			
1334 FAIRFAX CIRCLE E.							<u> </u>		
BOYNTON BEACH FL 33462			83	3					
,				84 City FL 85 Zip Code					ode
office or r agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga Signature, typed or printed name of registered age	of Florida. Such change was auti- ations of, Section 607.0505, Florid	nonzed by la Statute:	/ the s.	corporation	when reinstating)	DATE		
12.	OFFICERS AN	ND DIRECTORS	13.			ADDITIONS/CHANGES TO C	FFICERS A		
TITLE	DPVS	☐ DELETE 1.1 TI		1.1 TITLE				Change	Addition
NAME	SMOLINSKI, LEE A.		1.2 NAME						
STREET ADDRESS			1.3 STREE	1.3 STREET ADDRESS					
CITY-ST-ZIP			1.4 CITY-5	ST-ZIP					
TITLE		☐ DELETE	2.1 TITLE					Change	☐ Addition
NAME		•	2.2 NAME			•			
STREET ADDRESS	_		2.3 STREET		RESS		,		
CITY-ST-ZIP	,		2.4 CITY-5		, - -		-		
TITLE		☐ DELETE	3.1 TITLE					Change	Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE	3.3 STREET ADDRESS					ļ
CITY-ST-ZIP	34.0		3.4. CITY-	3.4. CITY-ST-ZIP					
ΠΤLE			4.1 TITLE	4.1 TITLE				☐ Change	Addition
NAME			4. 2 NAME	i					
STREET ADDRESS			4.3 STREE	ET ADD	RESS				
CITY-ST-ZIP			4.4 CITY-5	4.4 CITY-ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE					☐ Change	Addition
NAME			5.2 NAME		1				
STREET ADORESS			5.3 STREE	T ADO	RESS				

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 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 of 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 with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE 6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

3/26/99

Daytime Phone #

☐ Change

Addition

Mar 30, 1999 8:00 am Secretary of State

03-30-1999 90041 020 ***150.00

127E034 (1.1/98)