FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 10 AM 9:17

DOCUMENT # J89966 (2)

1. Corporation Name
SMYTH, HAUCK & COOPER, P.A., C.P.A.S

Principal Place of Business	Mailing Address
~~618 U.S. HWY. ONE~~ ~~SUITE 401~~ NORTH PALM BEACH FL 33408	~~618 U.S. HWY. ONE~~ ~~SUITE 401~~ NORTH PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/31/1987
3a. Date of Last Report: 03/22/1994

2. Principal Place of Business	2a. Mailing Address
21 712 U.S. Hwy One	26 712 U.S. Hwy One
Suite, Apt. #, etc.: 22 Suite 210	Suite, Apt. #, etc.: 27 Ste 210
City & State: 23 North Palm Beach, FL	City & State: 28 North Palm Beach, FL
Zip: 24 33408 Country: 25 USA	Zip: 29 33408 Country: 30 USA

4. FEI Number: 59-2831425 ☐ 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

9. Name and Address of Current Registered Agent

SMYTH, PAUL F.
~~618 U.S. HWY. ONE~~
~~SUITE 401~~
NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name: Smyth, Paul F.
82 Street Address (P.O. Box Number is Not Acceptable): 712 U.S. Hwy One
83: Suite 210
84 City: North Palm Beach FL 85 Zip Code: 33408

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 ✓ Paul F Smyth 3-3-95
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	P	1.1 TITLE		☐ Change ☐ Addition
NAME	SMYTH, PAUL F.	1.2 NAME		
STREET ADDRESS	17 WINDWARD ISLE	1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GDNS FL	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE	V	☒ Change ☐ Addition
NAME	HAUCK, DARBY M	2.2 NAME	HAUCK, DARBY M	
STREET ADDRESS	~~6001 PALOVERDE PLACE~~	2.3 STREET ADDRESS	19035 TALON WAY	
CITY-ST-ZIP	~~W PALM BEACH FL~~	2.4 CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	COOPER, CLARENCE R	3.2 NAME		
STREET ADDRESS	445 SANTA ANNA DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM SPRINGS FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: ✓ Paul F Smyth 3.3.95 407.848.9300
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0248003 CP