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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K09560

1. Corporation Name

Principal Place of Business

SMITHLINE INVESTMENTS, INC.

2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. FEI Number 65-0027647 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Zip Country And Contribution Zip Country And Contribution SMITHLINE, ESTHER E. C/O CHESLER 2400 PAPAYA DR. DELRAY BEACH FL 33445 10. Name and Address of Normal Addr	current year Inta	\$8.75 Fee \$5.0 Adde	Applied For Not Applicable 5 Additional Required 00 May Be ad to Fees
21 26 65-0027647 Suite, Apt. #, etc. 5. Certificate of Status Desire City & State City & State 6. Election Campaign Finance Trust Fund Contribution Zip Country Zip Country 8. This corporation owes the Personal Property Tax. 9. Name and Address of Current Registered Agent 10. Name and Address of Name SMITHLINE, ESTHER E. C/O CHESLER 2400 PAPAYA DR. DELRAY BEACH FL 33445 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby a support of the corporation's board of directors. I hereby a support of the corporation's board of directors. I hereby a support of the corporation's board of directors. I hereby a support of the corporation's board of directors. I hereby a support of the corporation's board of directors. I hereby a support of the corporation's board of directors. I hereby a support of the corporation of the corpor	current year Inta	\$8.75 Fee \$5.0 Adde	5 Additional Required
Suite, Apt. #, etc. 22 City & State Country Registered Agent SMITHLINE, ESTHER E. C/O CHESLER 2400 PAPAYA DR. DELRAY BEACH FL 33445 10. Name and Address of Name SMITHLINE, Country Registered Agent STreet Address (P.O. Box Number is Not Accountry and City Registered Agent Registered Agent City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby a contraction of the corporation of the corporation of the provisions of directors. I hereby a composition of the corporation of the c	current year Inta	\$5.0 Adde	Required ————————————————————————————————————
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office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors, i nereby a	Fl	85 Zi	ip Code
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or pnoted 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 AN		
TITLE DPS DELETE 1.1 TITLE	•	☐ Chang	ge
NAME SMITHLINE, ESTHER E. 12 NAME			· .
STREET ADDRESS % CHESLER, 2400 PAPAYA DRIVE 1.3 STREET ADDRESS			}
CITY-ST-ZIP DELRAY BEACH FL 14 CITY-ST-ZIP			
TITLE VP DELETE 2.1 TITLE		Chang	ge
NAME CHESLER, LOUISE E. 22 NAME			Ì
STREET ADDRESS 2400 PAPAYA DRIVE 2.3 STREET ADDRESS	÷		
CITY-ST-ZIP DELRAY BEACH FL 2.4 CITY-ST-ZIP	<u>, , , , , , , , , , , , , , , , , , , </u>	Chan	- ~
TITLE DELETE 3.1 TITLE		☐ Chang	ge
NAME 3.2 NAME			
STREET ADDRESS			
CITY-ST-ZIP 3.4. CITY-ST-ZIP		· Chang	ge Addition
TITLE DELETE 4.1 TITLE			ge
NAME 4.2 NAME			•
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STREET AUDICESS			• }
CITY-S1-ZIP		☐ Chang	ge Addition
NAME 6.2 NAME			
STREET ADDRESS 6.3 STREET ADDRESS			1

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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90108 019 ***150.00