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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K16531

(1)

FILED May 01 1998 8:00am Secretary of State

SMITTY	Y'S CERAMICS, INC.	•						
•	ce of Business	Mailing Address				- 1 1881841 881 11013 81181 81188 11181 1181 81811	PLOTE STORE SIGN	ir Afilir iAfi
TAMARAC FL	IMERCIAL BLVD	SMITH. ANN C. 5100 W. COMM. BLVD TAMARAC FL 33319				DO NOT WRITE IN THIS SPACE		
US		US				3. Date Incorporated or Qualified 02/26/1988		
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number	I IA	pplied For
21		26	4 - 1			65-0031908	N	ot Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional equired
City & Stat	te	City & State	<u> </u>			6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution		to Fees
Zip			Cou	ntry		8. This corporation owes or has paid the		
24	25 25 9. Name and Address of Curren	29	30			Personal Property Tax due June 30. 10. Name and Address of New Register		_ No
CI		it uggisteran wyalit	1	81	Name	10. Name and Address of New Hegister	ed Agent	
SMITH, ANN C. 341 CAROLINA AVE								
	LAUDERDALE FL 33312			82 Street Add		ess (P.O. Box Number is Not Acceptable)		
			Ì	63				
			ŀ	84	City	-	85 Zip	Code
11 Pursuent	to the provisions of Sections 607 050	2 and 607 1509 Florida Statut	os the eb		named corp.		EL 65 2 IP	to registered
office or a	registered agent, or both, in the State	of Florida Such change was a	authorized	by t	the corporati	oration submits this statement for the purpos on's board of directors. I hereby accept the	appointment as	registered
SIGNATURE	an raising with, and accept the obliga	anons or, section 007.0303, Fig	JIIUA SIAII	лө5.				
SIGNATURE	Signature, typed or printed name of registered age	of and title diapplicable (NOT)	E Registered	Agent	signature require	od when reinstating) DAT	E	
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	D SMITH, ANN C.	DELETE					Change	☐ Addition
NAME STREET ADDRESS	5100 W. COMMERCIAL BLVD			1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE				
CITY-ST-ZIP	TAMARAC FL							
TITLE		DELETE					Change	Addition
NAME	22		2.2 NA	2.2 HAME 2.3 STREET ADDRESS			_ •	
STREET ADDRESS		2.3						
CITY-ST-ZIP			2.4 CI	2.4 CITY-ST-ZIP				١
TITLE		☐ DELETE		3.1 TITLE			Change	☐ Addition
NAME			3.2 NA					
STREET ADDRESS CITY-ST-ZIP					DDRESS			
TITLE			3.4. CIT		-ZIP		Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS				4.3 STREET ADDRESS				
CITY-ST-ZIP	4.4.C		4.4 CIT	Y-ST-	ZIP			
TITLE		DELETE	5.1 TIT	5.1 TITLE			☐ Change	☐ Addition
NAME	•		5.2 NAME					
STREET ADDRESS			5.3 STREET					
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CIT		ZIP		Change	Addition
NAME		L DELCIC	6.1 T(T) 6.2 NAJ				CT CHAIDS	☐ ACCINION
STREET ADDRESS			1		DORESS			
CITY-ST-ZIP			6.4 CIT					
	certify that the information supplied wi	th this filing does not qualify fo				Section 119.07(3)(i), Florida Statutes. I further	r certify that the	information

plemontal annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am ar the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in