

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # K39168

(5)

1. Corporation Name

R.H. SMITH ASSOCIATION PROGRAMS, INC.

Principal Place of Business

**11380 PROSPERITY FARMS ROAD
SUITE 201
PALM BEACH GARDENS FL 33410**

Mailing Address

**11380 PROSPERITY FARMS ROAD
SUITE 201
PALM BEACH GARDENS FL 33410**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/17/1988

3a. Date of Last Report

02/15/1994

4. FBI Number

65-0076394

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

2. Principal Place of Business

21 784 U.S. Hwy. One

2a. Mailing Address

26 784 U.S. Highway One

Suite, Apt. #, etc.

22 Suite 14

Suite, Apt. #, etc.

27 Suite 14

City & State

23 N. Palm Beach, FL

City & State

28 N. Palm Beach, FL

Zip

24 33408

Country

25

Zip

29 33408

Country

30

9. Name and Address of Current Registered Agent

**HARRIS, GEORGE E.
11380 PROSPERITY FARMS ROAD
PALM BEACH GARDENS FL 33410**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signatures, typed or printed names of registered agent and title if applicable

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

**TITLE DPS
NAME SMITH, ROBERT H.
STREET ADDRESS 556 GREENWAY DRIVE
CITY - ST - ZIP NORTH PALM BEACH FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

**784 U.S. Highway One, Suite 14
N. Palm Beach, FL. 33408**

☒ Change ☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(3)(k), 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 liquidator 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

Robert H. Smith

4/17/95

407 624-1118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #