


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

FILED
Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K42630 (9)

1. Corporation Name
NEWSMITH SOUTHERN, INC.

Principal Place of Business 11626 TIMBERRIDGE DR 1904 E. BUSCH BLVD. TAMPA FL 33625 US	Mailing Address 11626 TIMBERRIDGE DR. 1904 E. BUSCH BLVD. TAMPA FL 33625 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified
10/31/1988

4. FEI Number
59-2915572

6. Certificate of Status Desired **\$8.75 Additional Fee Required**

8. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**SPRAGUE, PATRICK F.
 1904 E. BUSCH BLVD.
 TAMPA FL 33612**

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
 Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE	NAME	NEWTON, JOHN	STREET ADDRESS	LANGLEY MILLS ROBERTTOWN	CITY - ST - ZIP	LIVERSEGE, WEST YOR
TITLE	PD	<input type="checkbox"/> DELETE	NAME	SPAUN, DUANE	STREET ADDRESS	11626 TIMBERRIDGE DR.	CITY - ST - ZIP	TAMPA FL
TITLE	T	<input type="checkbox"/> DELETE	NAME	SPAUN, BETTY	STREET ADDRESS	11626 TIMBERRIDGE DR.	CITY - ST - ZIP	TAMPA FL
TITLE	VPD	<input type="checkbox"/> DELETE	NAME	NEWTON, ROBERT	STREET ADDRESS	LANGLEY MILLS ROBERTTOWN	CITY - ST - ZIP	LIVERSEGE, WEST YOR
TITLE		<input type="checkbox"/> DELETE	NAME		STREET ADDRESS		CITY - ST - ZIP	
TITLE		<input type="checkbox"/> DELETE	NAME		STREET ADDRESS		CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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.

SIGNATURE: *Betty Spaun* **1 23 98**

CR2E034 (10/97)