

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **K73521** (2)

1. Corporation Name

EVA J. SMITH ASSOCIATES, INC.

Principal Place of Business

**888 NW 81 TERR
PLANTATION FL 33324**

Mailing Address

**888 NW 81 TERR
PLANTATION FL 33324**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/17/1989

3a. Date of Last Report

03/15/1994

4. FEI Number

65-0104407

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

2a. Mailing Address

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State

27

City & State

24 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**SMITH, EVA J.
888 NW 81 TERRACE
PLANTATION FL 33324**

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

(Signature of person or persons to be registered agent and this if applicable)

(Print Name of Registered Agent's signature required when registering)

(Date)

12. OFFICERS AND DIRECTORS

TITLE

D

NAME

SMITH, EVA J.

STREET ADDRESS

888 NW 81ST TERRACE

CITY ST ZIP

PLANTATION FL

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

Change Addition

12 NAME

13 STREET ADDRESS

14 CITY ST ZIP

21 TITLE

Change Addition

22 NAME

23 STREET ADDRESS

24 CITY ST ZIP

31 TITLE

Change Addition

32 NAME

33 STREET ADDRESS

34 CITY ST ZIP

41 TITLE

Change Addition

42 NAME

43 STREET ADDRESS

44 CITY ST ZIP

51 TITLE

Change Addition

52 NAME

53 STREET ADDRESS

54 CITY ST ZIP

61 TITLE

Change Addition

62 NAME

63 STREET ADDRESS

64 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)(b), 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 checked, or on an attachment with an address.

SIGNATURE:

Eva J. Smith
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EVA J. SMITH

4-13-95
Date

473-4716
Telephone No.