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

PROFIT CORPORATION ANNUAL REPORT

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K73521

EVA J. SMITH ASSOCIATES, INC.

(2)

FILED Mar 14 1997 8:00am Secretary of State



Principal Plac 9440 TANGERI FORT LAUDER			Mailing Address 9440 TANGERINE PL. #304 FORT LAUDERDALE FL 33324-4429					
					3. Date Incorporated or Qualified 03/17/1989	3a. Date 05/01	of Last Report /1996	t
	Place of Business	2a. Mailing Address			4. FEI Number	Applied For		
21 Suite, Apt.	# etc	26 Suite, Apt. #, etc.			65-0104407 Not Applicable			
22	w, 010.	27			5. Cortificate of Status Desired \$8.75 Additional Fee Required			
City & Stat	e	City & State			6. Election Campaign Financing \$5.00 May Be			
23		28			Trust Fund Contribution Added to Fees			
Zip	Country	Ζψ	n ' ⊢¬ '		8. This corporation has liability for intangible tax under s. 199.032,			
24	25	29	30		Florida Statutes Yes No			
		Current Registered Agent		31 Name	10. Name and Address of New Re	gistered Age	nt	
	TH, EVA J.			Name				
	0 TANGERINE PL. #304 RT LAUDERDALE FL 33324	1	1		ddress (P.O. Box Number is Not Acceptable)			
FUF	TI LAUDENDALE EL 33324	•	1	33			<u></u>	
						4-44-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4		
			1	34 City		FL [']	7ip Code	!
agent. I a SIGNATURE	m familiar with, and accept the Stgnature, typed or printed mane of region OFF ICE	ic obligations of, Section 607.0505	5, Florida Statu	les.	poration submits this statement for the pation's board of directors. I heroby acception when releasing. ADDITIONS/CHANGES TO OFFIC	DATE		
TITLE	D	DETETE	1110	f			Change	Addition
NAME	SMITH, EVA J.		1.2 NAME					
STREET ADDRESS	9440 TANGERINE PL. #		13 SIR	EFT ADDRESS				ļ
CITY-ST-ZIP	FORT LAUDERDALE FL		14 011 Y	'- S1 - 7 (P				
TITLE			21 1171]			Change	Addition
NAME			2.2 NAM	ì				
STREET ADDRESS			1	EET ADDRESS				
CITY-ST-ZIP TITLE				Y-S1-ZIP			Change	Addition
NAME		<u></u>	3.1 I/IL 3.2 NAV			لسا	onenge [_]	Auginian
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP				Y - ST - ZIP				
TITLE			4.1 THE		······································		Change	Addition
NAME			4. 2 NA	Mξ				
STREET ADDRESS			4.3 STRI	ET ADDRESS				
CITY-ST-ZIP			4.4 City	- S1 - Z(I)				
TITLE		DELETE	5.1 1IIL	•			Change	Addition
NAME			5.2 NAM	re				
STREET ADDRESS			5.3 S1R6	ET ADDRESS				
CITY-ST-ZIP				· \$1 - Z(P				
TITLE		DITE	6.1 THE			Ц	Change	Addition
NAME			6.2 NAM	[
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			6.4 CITY	- ST- ZIP				

14. I do 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 armual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if of any id, or on an attachment with an address.