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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jun 18 1997 8:00am

Secretary of State

Addition

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K80977

**(7)** 

J. F. SMITH & ASSOCIATES, INC.

<u>'</u>						8[8])
Principal Plac	e of Business	Mailing Address	Mailing Address		t radiabity bat soure absta ibite sabet tage graft didit graft bipre gratt gegit (00)	
% James F. Smith 812 upland road W. Palm Beach Fl 33401		% JAMES F. SMITH 812 UPLAND ROAD W. PALM BEACH FL 3				
					<ol> <li>Date Incorporated or Qualified 04/13/1989</li> </ol>	3a. Date of Last Report 05/01/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		65-0110173	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing	<b>\$5.00</b> May Be
23	28				Trust Fund Contribution	Added to Fees
Zip	Country	Z <sub>ip</sub>	Country		8. This corporation has liability for in	
24	25	[29]	30			Yes No
9, Name and Address of Current Registered Agent  CASTLI SASCE 81				Name	10. Name and Address of New Reg	istered Agent
SMITH, JAMES F. 812 UPLAND ROAD W. PALM BEACH FL 33401			"	I Nari Ki		
			82	Street Addr	Address (P.O. Box Number is Not Acceptable)	
			63	02		
			[8]			
			84	City		FL 85 Zip Code
44 Durawant	to the provisions of Postions 607.05	02 and 607 1500 Florida Cta	tides the should	comed sees	aration authority this statement for the pu	
office or r	egistered agont, or both, in the State	e of Florida. Such change wa	as authorized by the	he corporati	oration submits this statement for the pu on's board of directors. I hereby accept	I the appointment as registered
agent. I a	m tamiliar with, and accept the obliq	gations of, Section 607.0505,	Florida Statutes.			
SIGNATURE	Signature, typed or printed name of registored ag	and and title if emplicable (i)	NOTE: Registered Agent	Significant reports	ed when reinstal ( o)	DATE
12.			13,	ing talate in going	ADDITIONS/CHANGES TO OFFICE	
TITLE			1.1 THLE			Change Addition
NAME	SMITH, JAMES F.		1.2 NAME			
STREET ADDRESS	812 UPLAND ROAD		1.3 STREET AC	DDRESS		
CITY-ST-ZIP	W. PALM BEACH FL		1,4 CHY-ST-,	ZIP		
TITLE		DELETE	2.1 TITLE			Change Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET AC	DRESS		ļ
CITY-ST-ZIP			2 4 CHY-S1-	ZIP		1
TITLE		DELETE	3 1 7171.1			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET AU	DORESS		
CITY-ST-ZIP			3 4. CITY-ST-	ZIP		
TITLE		☐ DELFTE	41 TITLE		*	Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET AC	DRESS		
CITY-ST-ZIP			4.4 CITY-ST-	ZIP		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5 ? NAME			

5.3 STREET ADDRESS 5.4 CITY - ST- ZIP

6.3 STHEET ADDRESS

6.1 TALE

6.2 NAME

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 annual 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 federiver 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 changes, or only an attachment with an address.

DELETE