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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L09392

(6)

A.G. SMITH AND ASSOCIATES, INC.

Secretary of State

FILED

Feb 11 1998 8:00am

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												,	
Principal Place of Business Mailing Address									T TORTHOUT OIL BOSKE SOLUD LANGE (A	198 SEDI BIBIL BIB	H BIBHI OFBIF B	ISBN DIBIL SOBS	
C/O ARNOLD G. SMITH 2699 SEVILLE BLVD., SUITE 703 CLEARWATER FL 34620					C/O ARNOLD G. SMITH 2699 SEVILLE BLVD SUITE 703 CLEARWATER FL. 34620				W TON OD	RITE IN THIS	SPACE		
•									3. Date Incorporated or Qualif	ed			
									08/14/1989				
2. Principal Pl	lace of Busi	ness		2a	2a. Mailing Address				4. FEI Number		Applied For		
21				26	·•				59-2963645			Not Applicable	
Suite, Apt.	·			27					5. Certificate of Status Desired S8.75 Additional Fee Required				
City & State					City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip					Zip Country				8. This corporation owes or has paid the current year Intangible				
24		25		29		30			Personal Property Tax due	une 30.	Yes	□ No	
	9. Name	and A	ddress of Curren	t Regia	stered Agent				10. Name and Address of Nev	/ Registered	Agent		
SM	ITH, ARNO)LD G					81	Name					
)., SUITE 703		},			2 Street Address (P.O. Box Number is Not Acceptable)					
	EARWATER					j							
						[83						
	<u> </u>						84	City		FL	- 3.3	764	
office or re	egistered ag	gent, or	r b oth, in the State	of Flori	607,1508, Florida Statu ida: Such change was of, Section 607,0506, Fl	authorized	yd b	the corp	corporation submits this statement for to poration's board of directors. I hereby a	he purpose o ccept the ap	of changing pointment a	its registered as registered	
SIGNATURE .					· · · · · · · · · · · · · · · · · · ·					·· · · · · · · · · · · · · · · · · · ·			
	Signature, typed	or printe	d name of registered ago OFFICERS AND				Ago	n aignature	required when reinstaling)	DATE EFICEDS AN	D DIDECT	2DC (N) 12	
12.	PD		OFFICERS AND	ישמוטולי	DELETE	13.	16		ADDITIONS/CHANGES TO O	FFICEHS AN	Change		
NAME	SMITH,	ARNO	ND G			1.2 NA					La change		
STREET ADDRESS			BOULEVARD, S	UNTE	703	- 1		ADDRESS				}	
CITY-ST-ZIP	CLEARY			/UII.L	100	1.4 CH						83764	
TALE	STD	*******	<u>, , , , , , , , , , , , , , , , , , , </u>		DELETE	2.1 1(1		-20			Change	Addition	
NAME		MARY	CLAUDIA			2.2 NA		}					
STREET ADDRESS			BOULEVARD, S	HITE				ADDRESS					
CITY-ST-ZIP	CLEARY			, O.I. C	700	2.4 Ci		1				229/11	
TITLE	<u> </u>	*****	110		DELETE	3.1 7(7		1-24			Change	Addition	
NAME:						3.2 NA		Ī					
STREET ADDRESS						•		ADDRESS				ł	
CITY-ST-ZIP						3.4. CI							
TITLE					DELETE	4.1 TIT					Change	Addition	
NAME						4.2 N/		1			_ •	_	
STREET ADDRESS								ADDRESS					
CATY-ST-ZIP						4.4 CIT						[
TITLE					DELFTE	5.1 7()					Change	Addition	
NAME						5.2 NA		f			/	/	
STREET ADDRESS						ı		ADDRESS .		///	7	/ 1.	
CITY-ST-ZIP					•	5.4 CIT				\mathcal{H}	/ 2/	' N	
TITLE					DELETE	6.1 717					Charlige	Addition	
NAME						6.2 NA		ĺ	3000024 -02/12/9801	2551	984	'	
STREET ADDRESS								ADDRESS	-02/12/9801	U7100	18		
CITY-ST-ZIP						6.4 CIT			***300.00			1	

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 attrictment with an address.

1-10-98