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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Apr 07 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L78147

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SMALL & ASSOCIATES, INC.

| Principal Place | of Business | Mailing Address | | | | . I nodizanji gir zaman cande shati bibit onat Brazil andit Atbit Bibit dialit dibit | | | |
|----------------------------|--|---|--|------------------------------|--|---|--|------------------------|--------------------------------|
| 8363 LITTLE BE | | 8363 LITTLE BETH DR. W | 8363 LITTLE BETH DR. W. | | | | | | |
| BOYNTON BCH FL 33437 US | | | BOYNTON BCH FL 33437-1136 US | | | | | | |
| | | U\$ | | | | 3. Date Incorporated or Qualified 3a. Date of Last Report 06/06/1990 04/23/1996 | | | |
| 2. Principal Pla | ace of Business | 2a. Mailing Address | | | | 4, FEI Number | - | | Applied For |
| 21 | | 26 | | | | 65-0197193 | | Ī | Not Applicable |
| Suite, Apt # | #, etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | \$8.75 | Additional |
| 22 | | 27 | | | | B. Certificate of Status Desired | | Fee I | Required |
| City & State | • | City & State | <u>⊢</u> ¬ ′ | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | | |
| Z ip | Country | Zip | Zip Country | | | 8. This corporation has liability for | intangible | | |
| 25 29 | | | 30 | | | Florida Statutes Yes No | | | |
| | g. Name and Address of Curre | ent Registered Agent | | | | 10. Name and Address of New Re | gistered . | Agent | |
| JOH | N K. SMALL | | 1 | B1 | Name | | | | |
| 8363 | | 82 Street Addre | | | dress (P.O. Box Number is Not Acceptal | ole) | · · · · · · · · · · · · · · · · · · · | | |
| BOY | NTON BEACH FL 33437 | | 1 | B3 | | | | | |
| | | | | | _: | | | , | THREE CO. 1 |
| | | | { | B4 | City | | FL | 85 Zip | Code |
| onice or re | o the provisions of Sections 607.05 gistered agent, or both, in the Sta ri farmhar with, and accept the obti | le of Florida. Such change was a | uthorized | b٧ | the corpora | poration submits this statement for the pation's board of directors. I hereby acceptions | ourpose of ot the app | changing ointment a | its registered s registered |
| SIGNATURE 3 | Signature, typed or printed name of registered a | gent and little if applicable (NOTS | Registered | Agen | il signature regu | vired when reinstating) | DATE | | |
| 12. | OFFICERS AND DIRECTORS | | 13. | | | ADDITIONS/CHANGES TO OFFIC | | DIRECTO | RS IN 12 |
| TITLE | VP ☐ DELETE | | 1.1 TITE | .E | T | | 2.70 7 11 12 | Change | |
| NAME | MCCLENDON, MARTHA J | | 1.2 NAM | 2 NAME | | | | | |
| STREET ADDRESS | 8363 LITTLE BETH DRIVE W | EST | 1.3 STR | EET A | NODRESS | | | | |
| CHY-ST-ZIP | BOYNTON BEACH FL | | 1.4 CITY - ST - ZIP | | - ZIP | | | | |
| TITLE | PD | ☐ DELETE | 2.1 TITL | | | | | ☐ Change | Addition |
| NAME | SMALL, JOHN K | | 2.2 NAN | .2 NAME .3 STREET ADDRESS | | | | | |
| STREET ADDRESS | 8363 LITTLE BETH DR WEST | • | 2.3 STR | | | | | | |
| CiTY - SI - ZiP | BOYNTON BEACH FL | | 2. 4 CiT | Y-SI | r-ZIP | | | | |
| TITLE | | DELETE | _ | 3.1 TITLE 3.2 NAME | | | | Change | Addition |
| NAME: | | | 3.2 NAM | | | | | - | |
| STREET ADDRESS | | | 3.3 STRI | EET A | ADDRESS . | | | | |
| CITY - ST - ZIP | | | 3.4 CIT | Y-ST | - ZIP | | | | |
| TITLE | | DELETE | | | | | | Change | ☐ Addition |
| NAME | | | 4. 2 NA | VΕ | | | | 7 | • |
| STREET ADDRESS | | | 4.3 STR | EET A | NDORESS | | | | |
| C11Y - S1 - ZIP | | | 4.4 CITY | | | | | | |
| Titif | ☐ DELETE | | 5.1 TITLE | | | | ······································ | Change | Addition |
| NAME | | | 5.2 NAM | 1E | 1 | | | • | |
| STREET ADDRESS | | | 5.3 STRI | EET A | DDRESS | | | | |
| CHTY-ST-ZIP | | | 5.4 CITY | /- ST- | -ZIP | | 1 | | |
| TIFLE | ******* | DELETE | | 6.1 TITLE | | | | Change | Addition |
| NAME | | | 62 NAM | (E | 1 | | | - | |
| STREET ADDRESS | | | 63 STRE | | DDAESS | | | | |
| CITY-ST-7/P | | | 6.4 City | | · 1 | | | | |
| information Lam an off | i indicated on this annual report or | supplemental annual report is tr or the receiver or trustee empowi | y for the e ue and ac ered to ex | xen | nption state | d in Section 119.07(3)(i), Florida Statute it my signature shall have the same legs ort as required by Chapter 607, Florida S | l offant se | if made u | nder nath: thai |