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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1998

(9)

WILLIAM F. SMITH, P.A.

Maiting Address

s tamenmir tils manet minn	 LI MIMIL MANEL MINEL	Atfite Minti ifibi

**FILED** 

Feb 05 1998 8:00am

Secretary of State

Principal Place of Bu	al Place of Business Mailing Address		- i nantacis iin ataus alaat tikia siisi atkii alkii alkii alasi alasi alasi alasi alasi alasi alasi alasi idal			
201 8 BISCAYNE BL	.VD	201 S BISCAYNE BLVD				
1600 MIAMI CENTER		1600 MIAMI CENTER				
MIAMI FL 33131		MIAMI FL 33131				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
2. Principal Place of	Rucinace	2a. Mailing Address				01/01/1987
21	Duaniess	26. Walning Address				4. FEI Number Applied For
Suite, Apt. #, etc.	······································	Suite, Apt #, etc.				59-2753677   Not Applicable
22		27				5. Certificate of Status Desired
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Co	untry	·	8. This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Property Tax due June 30. Yes No
9, 1	Name and Address of Curr	ent Registered Agent				10. Name and Address of New Registered Agent
CORPOR	ATION COMPANY OF M	IAMI		81	Name	
	SCAYNE BLVD			82	Street A	Address (P.O. Box Number is Not Acceptable)
	MI CENTER			"	Direct /	Address (c.o. box Number is Not Acceptable)
> MIAMI FL				83		
,				54	0.1.	
* ,				84	City	FL 85 Zip Code
11. Pursuant to the p	provisions of Sections 607.05	02 and 607.1508, Florida Statu	tes, the a	bove	-named	corporation submits this statement for the purpose of changing its registered
agent. I am famil	ed agent, or both, in the Sta liar with, an <b>d a</b> ccept the obli	le of Horida. Such change was gations of, Section 607.0505, Fl	authorize orida Sta	ed by stutes	the corp	oration's board of directors. I hereby accept the appointment as registered
SIGNÁTURE 🖊	.,,	<b>J</b>				
	e, typed or printed name of registered a	gent and title it applicable (NO)	L: Register	nd Ager	nt signature	required when reinstating) DATE
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PS1		DELETE	1.1 T	ULE		Change Addition
	ITH, WILLIAM F.		1.2 N	IAME		
	S BISCAYNE BLVD		1.3 S	TREET	ADDRESS	
	MI FL		1.40	HTY-ST	- ZIP	
TITLE		☐ DELETE	2.1 1	17LE		Change Addition
NAME			2.2 N	AME		
STREET ADDRESS			2.3 S	TREET A	ADDRESS	
CITY-ST-ZIP			2.40	CITY-S	T-ZIP	
TITLE		☐ DELETE	3.17	IILE		Change Addition
NAME			3.2 N	AME		
STREET ADDRESS			3.3 S	TREET A	ADDRESS	
CITY-ST-ZIP			3.4. 0	CITY-SI	I - ZIP	
TITLE		DELETE	411	ITLE	Ī	☐ Change ☐ Addition
NAME			4 2 1	NAME		
STREET ADDRESS			4.3 \$	TREET A	ADDRESS	
CITY-ST-ZIP			4.4 C	ITY-ST	- ZIP	
TITLE		DELETÉ	5.1 TI	TLE		Change Addition
NAME			5.2 N	AME		
STREET ADDRESS			5.3 S	TREET A	NDDRESS	
CITY-ST-ZIP			5.4 C	I1Y-S1	- ZIP	
TITLE		DELETE	6.1 TI			Change Addition
NAME			6.2 N	AME		100002423141 -02/06/3801005009 <b>%</b> (
STREET ADDRESS			635	TREET A	DDRESS	
CITY-ST-ZIP			6.4 C	ITY-ST	- ZIP	***150.00 <b>\4''</b>

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 attachment with an address.

1-21 00