Feb 25, 1999 8:00 am Secretary of State

02-25-1999 90073 039 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M67181

1. Corporation Name

THOMAS E. SMITH COMPANY

			•							
Principal Place	of Business	Mailing Address						i îlui uleil di	INIA RINAI AISIA N	ELBEL ALAN IARI
** THOMAS E. SMITH G. 2951 W. BROWARD BLVD. FT. LAUDERDALE FL 33312		2951 W. BROWARD BLVD. FT. LAUDERDALE FL 33312			DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified					
							2/1988			
2. Principal Place of Business 2a. Mailing Addre			s			4. FEI N	lumber			plied For
21		26 Suite Ant # ata			_	65-0	028152		\$8.75 A	ot Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.				5. Certif	cate of Status Desired	□ -	Fee Re	
City & State		City & State	1 The second sec			6. Electi	on Campaign Financing	П	\$5.00	May Be
23		28				Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Cour	ıtry		1	corporation owes the currer	it year Inta	angible Yes	□No
24	9. Name and Address of Current		30		_		onal Property Tax. e and Address of New Re	gistered		
	3. Hame and Address of Content	regiotorea rigorii		81	Name			-		
DALE, CHARLES S. E			}	82	Street Addre	ss (P.O. Bo	ox Number is Not Acceptab	le)		
	NE 4TH ST		Ĺ							
F1. L	AUDERDALE FL 33312	•		83						
			ļ.	84	City	_,,		FL	85 Zip (Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered /	Agent a	signature required	when reinstating	g)	DATE		
12.	OFFICERS AN		13.				IONS/CHANGES TO OFFI	CERS AN		
TITLE	P	☐ DÉLETE	1.1 7177						Change	Addition
NAME	RUSHIN, EMILY W.		1.2 NA							
STREET ADDRESS	2636 BARBARA DR. FT. LAUDERDALE FL 33316		1.4 CITY-S		ADDRESS					
CITY-ST-ZIP TITLE	VP	☐ DELETE	2.1 TIT		ZIF				☐ Change	Addition
NAME	PURTILL, BRENT E.		2.2 NAME							
STREET ADDRESS	1733 SW 14 CT		. 2.3 STREE		ADDRESS					
CITY-ST-ZIP	FT. LAUDERDALE FL 33312		2.4 CI	TY-ST-	-ZIP					
ŢITLE	ST	DELETE	3.1 TITLE		1.		, ,		Change	☐ Addition
NAME	PURTILL, MELISSA L.		3.2 NAME							
STREET ADDRESS	1733 SW 14TH CT.	•	3.3 S I		ADDRESS					
CITY-ST-ZIP TITLE	FT. LAUDERDALE FL 33312	☐ DELETE	4.1 TIT		- <u>2</u> F				☐ Change	Addition
NAME			4. 2 NA	ME						İ
STREET ADDRESS			4.3 STI	REETA	ADDRESS					
CITY-ST-ZIP			4.4 CIT	Y-ST-	ZIP					
TITLE	g pink a see	☐ DELETE	5.1 TITLE						Change	☐ Addition ↓
NAME			5.2 NA		PUUBESS					Į
STREET ADDRESS	and the second of the second of		5.3 STREE 5.4 CITY-S							
CITY-ST-ZIP TITLE	4	☐ DELETE	6.1 TII		-		<u></u>		Change	Addition
NAME			6.2 NA	ME			•	;		
STREET ADDRESS			6.3 ST	REETA	ADDRESS					ļ

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; of an attachment with an advicess, with all other like empowered.

6.4 CITY-ST-ZIP

CITY-ST-ZIP