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Mar 20 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000005098 (8)

1. Corporation Name
DONALD A. SMYTH, INC.



Principal Place of Business
Donald A. Smyth Inc.
d/b/a D & S Enterprise
1520 N.E. 34th St
Pompano Bch, FL 33064
954-783-7854

3. Date Incorporated or Qualified: 11/15/1992
3a. Date of Last Report: 01/25/1996
4. FEI Number: 65-0358519
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. Subst. Ass. # *SAME*
22. City & State: *Pompano Bch, FL*
23. Zip: *33064*
24. Country: *Broward*
25. State: *FL*
26. Mailing Address: *1520 N.E. 34th Street*
27. Subst. Ass. # *same*
28. City & State: *Pompano Bch, FL*
29. Zip: *33064*
30. Country: *Broward*

9. Name and Address of Current Registered Agent
SMYTH, DONALD A
1520 NE 34TH ST
POMPAÑO BEACH FL 33064

Donald A. Smyth Inc.
d/b/a D & S Enterprise
1520 N.E. 34th St
Pompano Bch, FL 33064
954-783-7854

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: *FL*

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(8), 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 607.05(5), Florida Statutes.

SIGNATURE: _____ (Date) _____ (Registered Agent signature required when reinstating) _____ (Date)

12. OFFICERS AND DIRECTORS
1.1 TITLE: *PST*
1.2 NAME: *SMYTH, DONALD A*
1.3 STREET ADDRESS: *POMPAÑO BEACH FL*
1.4 CITY-ST-ZIP: *POMPAÑO BEACH FL 33064*
2.1 TITLE: *DELETE*
2.2 NAME: *DELETE*
3.1 TITLE: *DELETE*
3.2 NAME: *DELETE*
4.1 TITLE: *DELETE*
4.2 NAME: *DELETE*
5.1 TITLE: *DELETE*
5.2 NAME: *DELETE*
6.1 TITLE: *DELETE*
6.2 NAME: *DELETE*

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE: Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE: Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE: Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE: Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE: Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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

SIGNATURE: *Donald A. Smyth* 3-17-97 954-783-7854
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)