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95 MAY -1 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P93000044330 (7)

1. Corporation Name
SMITH-EDWARDS PRODUCTIONS, INC.

Principal Place of Business Mailing Address
6668 ST. JAMES CROSSING UNIVERSITY PARK FL 34201 **6668 ST. JAMES CROSSING UNIVERSITY PARK FL 34201**

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|-------------|------------------------------------|-------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 06/16/1993 | 3a. Date of Last Report 04/19/1994 |
| 21 | 26 | 4. FEI Number 65-0419347 | | Applied For Not Applicable | |
| 22. Suite, Apt # etc | | 27. Suite, Apt #, etc | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23. City & State | | 28. City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24. Zip | 25. Country | 29. Zip | 30. Country | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|---|--|--|--|--|--|-----------|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| EDWARDS, JUDITH A 6668 ST. JAMES CROSSING UNIVERSITY PARK FL 34201 | | | | 01 | Name | | |
| | | | | 02 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 03 | | | |
| | | | | 04 | City | FL | 05 |

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 _____ DATE _____
(Signature typed or printed name of registered agent and their address) (Date Registered Agent signature required when remodeling)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|---|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EDWARDS, JUDITH A | 1.2 NAME | |
| STREET ADDRESS | 6668 ST. JAMES CROSSING | 1.3 STREET ADDRESS | |
| CITY, ST, ZIP | UNIVERSITY PARK FL 34201 | 1.4 CITY, ST, ZIP | |
| TITLE | | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY, ST, ZIP | | 2.4 CITY, ST, ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY, ST, ZIP | | 3.4 CITY, ST, ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY, ST, ZIP | | 4.4 CITY, ST, ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY, ST, ZIP | | 5.4 CITY, ST, ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY, ST, ZIP | | 6.4 CITY, ST, ZIP | |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 419.07(3)(b), Florida Statutes. I further certify that the information included 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 trustee or trustee-in-possession to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Judith A. Edwards* Date: **4/28/95** License: **83/351-6618**