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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000065888 (8)

SMITH & WILLIAMSON STUDIOS, INC.

Principal Place of Business 500 PALM ST #22 W PALM BEACH FL 33401

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

21

Mailing Address

500 PALM ST #22

2a. Mailing Address

Suite, Apt. #, etc.

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W PALM BEACH FL 33401-7045

## **FILED** Apr 10 1997 8:00am Secretary of State



3a. Date of Last Report 04/16/1996

Applied For

\$8.75 Additional

Not Applicable

3. Date Incorporated or Qualified 09/21/1993

4. FEI Number

65-0438159

Suite, Apt	. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zφ	Country	Zip	Country	8. This corporation has liability for i	ntangible tax under s. 199.032,	
24	25	29	30		Yes No	
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Re	gistered Agent	
	LLIAMSON, JONI L		81 Name			
500 PALM ST STE 22			82 Street Add			
W	PALM BEACH FL 33401		83			
			84 City		85 Zip Code	
					<b>          </b>	
11. Pursuant	t to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	es, the above-named cor	poration submits this statement for the pation's board of directors. I hereby accept	urpose of changing its registered	
agent. In	am familiar with, an had count the oblig	stions of, Section 607.0505, Fi	orida Statutes.			
SIGNATURE			H-L-HILLMANSON	L Jew	-4/9/97 Vew	
	Signature (sed or print a name of registored s		E: Registered Agent signature requ		DATE	
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
THILE	1	DELETE	1.4 TITLE		Change Addition	
NAME	SMITH, FRANK W		1.2 NAME			
STREET ADDRESS			1.3 STREET ADDRESS			
CITY+ST ZIF	LAKE WORTH FL	······································	1.4 CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE	PD	DELETE	2.1 TITLE		Change Addition	
NAME	WILLIAMSON, JONI L		2.2 NAME			
STREET ADDRESS	811 18TH AVE NORTH		2.3 STREET ADDRESS			
CITY - S1 - 7/F	LAKE WORTH FL		2.4 CITY - ST - ZIP	·		
1046	)	☐ DELETE	3 1 TITLE		Change Addition	
NAMS			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS	•		
CHY ST-20			3.4. CITY-\$1-ZIP			
THILE	1	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4.2 NAMÉ	•		
STREET ADDRESS			4.3 STREET ADDRESS			
C:TY - ST - ZIP		FT 22.722	4.4 City-ST-ZIP	·		
TITLE	{	DELETE	5.1 TITLE		Change Addition	
NAME	1		5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
City St-70		(7	5.4 CITY-ST-ZIP			
THUE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME	}		6.2 NAME			
STREET ADDRESS	}		6.3 STREET ADORESS			
CITY - ST - 7iP			6.4 CITY - ST - ZIP			
informati	oby certify that the information supplication indicated on this annual report or of the correctation of	supplemental annual report is t	rue and accurate and tha	d in Section 119.07(3)(i), Florida Statuter it my signature shall have the same lega and an required by Chapter 607, Florida S	s. I turther certify that the I effect as if made under oath; that	