

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

FILED
Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000035540 (1)

1. Corporation Name

SRS BUSINESS ENTERPRISES, INC.

Principal Place of Business

Mailing Address

712 SOUTH OREGON AVE.
TAMPA FL 33606

712 SOUTH OREGON AVE.
TAMPA FL 33606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1994

4. FEI Number

59-3243891

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 101 E. Kennedy Blvd	26 101 E. Kennedy Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 1760	27 1760
City & State	City & State
23 Tampa, FL	28 Tampa, FL
Zip	Zip
24 33602	29 33602
Country	Country
25 USA	30 USA

9. Name and Address of Current Registered Agent

SMITH, DAVID L
712 S OREGON AVE
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
101 E. Kennedy Blvd
83 Suite 1760
84 City
Tampa
85 Zip Code
FL 33602

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

DAVID L. SMITH

David L. Smith

1-9-98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	1.1 TITLE
D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1.2 NAME
SMITH, DAVID L	1.3 STREET ADDRESS
5123 W. SAN JOSE	1.4 CITY-ST-ZIP
TAMPA FL 33629	2.1 TITLE
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	2.2 NAME
	2.3 STREET ADDRESS
	2.4 CITY-ST-ZIP
	3.1 TITLE
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	3.2 NAME
	3.3 STREET ADDRESS
	3.4 CITY-ST-ZIP
	4.1 TITLE
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	4.2 NAME
	4.3 STREET ADDRESS
	4.4 CITY-ST-ZIP
	5.1 TITLE
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	5.2 NAME
	5.3 STREET ADDRESS
	5.4 CITY-ST-ZIP
	6.1 TITLE
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	6.2 NAME
	6.3 STREET ADDRESS
	6.4 CITY-ST-ZIP

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.

SIGNATURE:

David L. Smith

Director

David L. Smith Director

1-9-98

813-276-1920

CR2E034 (10/97)