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

PROFIT CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # P94000 R. SMITH CONSTRUCTION	•	)		ASK BIBAK IBUK BIBA IBAN IBAN IBAN
Principal Plac	e of Business	Mailing Address			1811 21821 1811 81811 1561 1681
9451 SW 212 TERR MIAMI FL 33189		9451 SW 212 TERR MIAMI FL 33189		DO NOT WRITE IN THE	O COLOR
}				DO NOT WRITE IN THI  3. Date Incorporated or Qualified	S SPACE
ļ				10/06/1994	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0533424	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23		28		B. Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	<del></del>
24	25	29	30	Personal Property Tax due June 30.	X Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registere	d Agent
	TH, <b>O</b> AVID R		81 Name		
9451 SW 212 TERR MIAMI EL 33189				ress (P.O. Box Number is Not Acceptable)	
30	235-0535		83		
			84 City	F	85 Zip Code
office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change wa	s authorized by the corporal	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its registered ppointment as registered
SIGNATURE	Signature, typed or printed name of registered ag	ent and little if applicable (N	OTE Registered Agent signature requi	ired when reinstating) DATE	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	SMITH, DAVID R		1.2 NAME		
STREET ADDRESS	9451 SW 212 TERR		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MIAMI FL 33189	DELETE	1.4 CITY-ST-ZIP		Change Addition
NAME		Ditter.	22 NAME		C cusule D vocation
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
. NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE			6.1 TITLE 6.2 NAME		Change Addition
NAME STREET ADORESS			1		i
OTHER PERMISS			6.3 STREET ADDRESS		

6.4 CITY-ST-ZIP 14. Thereby 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 teport 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 cologoration or type in vertex 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 cologoration or type in vertex and that my name appears in Block 12 or Block 13 if changes—or only a glackment with a property of the cologoration of

**FILED** 

Apr 28 1998 8:00am

Secretary of State