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Apr 09 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 # P95000012096 (0)			
1. Corporation Name DRS. SMITH, PORTER & ASSOCIATES, P.A.			
Principal Place of Business 1863 NW 96TH AVE PLANTATION FL 33322 13191 W. SUNRISE BLVD. SUNRISE, FL. 33324		Mailing Address 400 BATH CLUB BLVD. N BIRMINGHAM 35208-1523 541 64 AVE ST. PETE BCH, FL. 33706	
2. Principal Place of Business 21 13191 W. SUNRISE BLVD Suite, Apt. #, etc. 22 SUNRISE, FL City & State 23 33324 Zip 24 USA Country		2a. Mailing Address 25 541 64 AVE Suite, Apt. #, etc. 26 ST. PETE BCH, FL City & State 27 33706 Zip 28 USA Country	
9. Name and Address of Current Registered Agent SMITH, PAUL R 1863 NW 96TH AVE PLANTATION FL 33322		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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: <i>Paul R. Smith</i> PAUL R. SMITH 3/30/97 (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP D SMITH, PAUL R 1863 NW 96TH AVE PLANTATION FL 33322 [] DELETE		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP [] Change [] Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP D PORTER, WILLIAM 1863 NW 96TH AVE PLANTATION FL 33322 [] DELETE		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY, ST, ZIP [] Change [] Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP [] DELETE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY, ST, ZIP [] Change [] Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP [] DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY, ST, ZIP [] Change [] Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP [] DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP [] Change [] Addition	
TITLE NAME STREET ADDRESS CITY, ST, ZIP [] DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP [] Change [] Addition	
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 changing or on an attachment with an address. SIGNATURE: <i>Paul R. Smith</i> PAUL R. SMITH 3/30/97 805454300 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (9/96)