

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000030188

1. Corporation Name

ROGER SMITH REAL ESTATE, INC.

Mailing Address

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90098 043 ***150.00

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i ilicipai i lacc	5 O1 D05111035	Wilding / Radioss				
5300 S. ORANGE AVE. ORLANDO FL 32809		5300 S. ORANGE AVE. ORLANDO FL 32809		DO NOT WRITE IN THIS	SPACE	
				3. Date Incorporated or Qualifed 04/13/1995	O ACC	
2. Principal Pl	lace of Business	2a. Mailing Address		4 FEI Number	A	oplied For
21		26 3333 S. On	unce Ave	59-3290878	No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional
22		27 SUITE 223)	5. Certificate of Status Desired	Feø R	equired
City & State	e	City & State		6. Election Campaign Financing	·	May Be
23		[28] Ur (Ur)(10)	4	Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country	This corporation owes the current year In		
24	25	29 33 100 31	1 47H	Personal Property Tax.	Wes	□No
	9. Name and Address	of Current Registered Agent	94 Nome	10. Name and Address of New Registered	Agent	
TIMP	H, ROGER	* W. Riger Smith + Riger Smith and the same person.	- 81 Name S	mith, (U. Roser		
	S. ORANGE AVE.	10 coses with an	92 Street Ac	Idress (P.O. Box Number is Not Acceptable)		
	ANDO FL 32809	ROSE SITIATION	- <u> 333</u>	33 South Crange Aver	rue_	
UND	MNDO FL 32009	the suite person.	83 51	ite 723		
		Only changing mail	175 84 City	1. 1. 5.	85 _Zig	Cpde
		addness	U	1ardo FI	- 33	XX/2
11. Pursuant	to the provisions of Sections	s 607.0502 and 607.1508, Florida Statutes,	the above-named co	orporation submits this statement for the purpose o ation's board of directors. I hereby accept the appo	f changing its	registered
office or re	egistered agent, or both, in m familiar with, and accept	the obligations of, Section 607.0505, Florid	a Statutes.	stions board or directors. Thereby accept the appe	manoni do ve	.g
SIGNATURE		-				
SIGNATORE	Signature, typed or printed name of re	egistered agent and title if applicable. (NOTE: Re	gistered Agent signature requ			
12.		CERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PSTD	☐ DELETE		OSTD	Change	☐ Addition
NAME	SMITH, ROGER		1.2 NAME	Smith, W. Roser 3333 S. Crange Avenuezsu Orlando, Fl 32806	14773	
STREET ADDRESS	5300 S. ORANGE AVE	•	1.3 STREET ADDRESS	3333 5.00 00 100 000	, , , , , , , , ,	İ
CITY-ST-ZIP	ORLANDO FL 32809		1.4 CITY-ST-ZIP	oriunalo, H 30306	<u></u>	
TITLE		DELETE	2.1 TITLE		Change	☐ Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			:
CITY-ST-ZIP			2.4 CMY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change	☐ Addition
NAME			3.2 NAME			İ
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			Į
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			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition
NAME	•	_	6.2 NAME			Ì
	,		6.3 STREET ADDRESS			
STREET ADDRESS			6.4 CITY-ST-ZIP			
CITY-ST-ZIP	Ì		■ 5.+ O··· O·· En			

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 appress, with all other like empowered.

SIGNATURE:

ER OR DIRECTOR

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