

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000038562 (1)

1. Corporation Name

E R IRONSMITH, INC.



Principal Place of Business

1314 SOUTH DIXIE HWY
WEST PALM BEACH FL 33404

Mailing Address

1314 SOUTH DIXIE HWY
WEST PALM BEACH FL 33404

3. Date Incorporated or Qualified

05/16/1995

3a. Date of Last Report

08-01-95

2. Principal Place of Business

2a. Mailing Address

21 3627 S. DIXIE HWY

26 2785 FOXHALL DR. W.

4. FEI Number

65-0589355

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

FL

27 City & State

FL

24 Zip

33405

25 Country

USA

29 Zip

33417

30 Country

usa

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, RUSSELL
1314 SOUTH DIXIE HWY
WEST PALM BEACH FL 33404

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

Edith M. Smith / owner Vice - President

4-20-96

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when appointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME SMITH, RUSSELL
STREET ADDRESS 2785 FOXHALL DRIVE west
CITY-ST-ZIP WEST PALM BEACH FL 33417

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 2785 FOXHALL DR. W.
1.4 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE D
NAME SMITH, EDITH
STREET ADDRESS 2785 FOXHALL DRIVE west
CITY-ST-ZIP WEST PALM BEACH FL 33417

☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 2785 FOXHALL DR. W.
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Edith M. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-96

Date

659-2848

Daytime Phone #

CR2E034 (12/95)