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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000062847 (5)

PHILIP I, SMITH, INC.

Principal Place of Business Mailing Address 541 SOUTH STATE ROAD 7 541 SOUTH STATE ROAD 7 SUITE 1 SUITE 1 DO NOT WRITE IN THIS SPACE MARGATE FL 33068 MARGATE FL 33068 3. Date Incorporated or Qualified 08/15/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0599965 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State Election Campaign Financing \$5.00 May Be \Box 23 28 **Trust Fund Contribution** Added to Fees Zip Ζιρ Country Country This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FEDELE, CARL 541 SOUTH STATE ROAD 7 Street Address (P.O. Box Number is Not Acceptable) SUITE 1 83 MARGATE FL 33068 84 City Zip Code 85 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, typed or printed name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating)

CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change DELETE Addition TITLE D 1.1 TITLE 5mitol, PHALIP 11227 N. PINTO DRIVE FOUNTAIN HILLS, AZ SMITH, BARBARA K. 11227 N. PINTO DRIVE NAME SMITH, PHILIP 1.2 NAME 15617 NORTH AUDUBON PLACE STREET ADDRESS 1.3 STREET ADDRESS . 862 68 Change Addition **FOUNTAIN HILLS AZ 85268** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 21 TITLE SMITH, BARBARA K NAME 22 NAME 15617 NORTH AUDUBON PLACE 2.3 STREET ADDRESS STREET ADDRESS FOUNTAIN HILLS AZ 85268 **FOUNTAIN HILLS AZ 85268** CITY-ST-ZIP 2. 4 CITY-ST-ZIP Change DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 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 PLOIN

FILED

Jan 29 1998 8:00am

Secretary of State