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

DOCUMENT # P95000081262 (4)

DONALD EARL SMITH, P.A.

Feb 20 1998 8:00am Secretary of State

FILED

Principal Place of Business Mailing Address							{		IANG BAGI NUGU
504 NO. BAYLEN STREET SO4 NO. BAYLEN STREET PENSACOLA FL 32501 PENSACOLA FL 32501			Г						
PENDAUGU PE DEDUI							DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified 10/24/1995		
2. Principal P	lace of Business	2a. Mailing	2a. Mailing Address				4. FEI Number	A	pplied For
21		26	26				59-3342957	— —	ot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.						Additional
22		27	27				5. Certificate of Status Desired		Required
City & State	9	City & S	City & State				6. Election Campaign Financing	\$5.00	May Be
23		28					Trust Fund Contribution		to Fees
Zip	Country	Zip		Cou	intry		8. This corporation owes or has paid the		
24	25	29]		30	_		Personal Property Tax due June 30.		No
Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent									
	TH, DONALD E				81	Name			
504 NO. BAYLEN STREET PENSACOLA FL 32501				,	82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
					83				
					84	City		85 Zip	Code
								FL B 2	
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 register 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.									its registered s registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE Signature, typed or printed name of registered egent and title if applicable (NOTE: Registered Agent signature regulated when reinstating) DATE									
12.	Signature, typed or printed name of registered age	D DIRECTORS	e. (NOT	L: Registerer	d Agei	nt signature requirer	d when reinstating) DA ADDITIONS/CHANGES TO OFFICERS		PS IN 12
TITLE	D	D DITEOTOTIS	DELETE	1.1 10	TIF		ADDITIONS/OFFAIRALS TO OFF TOURS	Change	Addition
NAME	SMITH, DONALD E	•		1,2 N/					
STREET ADDRESS	504 NO. BAYLEN STREET			1		ADDRESS			1
CITY-ST-ZIP	PENSACOLA FL 32501			1	TY-SI				
TITLE			DELETE	2.1 Ti		1-211-		Change	Addition
NAME		·		2.2 N/					
STREET ADDRESS						ADDRESS			į
CITY-ST-ZIP				2.40					
TITLE			DELETE	3.1 Ti		II. THE		Change	Addition
NAME		•		3.2 N/		İ			
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP				3.4. C		l l			
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NAME				4.2 N		İ		_ •	_ /
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP				4.4 CI		1			
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NAME				5.2 NA				•	•
STREET ADDRESS						ADDRESS			}
CITY-ST-ZIP				5.4 CI					
TITLE			DELETE	6.1 TII		- E(I)		Change	Addition
NAME		•		6.2 NA					
STREET ADDRESS	•					ADDRESS .			
l l									
CITY-ST-ZIP		ish this filips doe		6.4 C!			Casting 440.07(2)(i) Eleviele Castides 16 who	07 AL - 1 H	

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 atlachment with an address.

IGNATURE: V Comold & Amitte Direct E. Smith Bo 2/11/92

Drn-4/88-7172