

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000085960 (9)

1. Corporation Name

SMITHCON INVESTMENTS, INC.



Principal Place of Business

1661 SPANISH RIVER ROAD
BOCA RATON FL 33432

Mailing Address

1661 SPANISH RIVER ROAD
BOCA RATON FL 33432

3. Date Incorporated or Qualified

11/07/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1350 E. Newport Center Drive 65-0623947

22 City & State

27 Suite 201

23 Zip

Country

28 Deerfield Beach, FL 33442

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

4. FEI Number

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

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

Signature of person submitting this statement to the Department

Signature of Registered Agent (required when replacing)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE
NAME: D SMITH, DONALD L JR.
STREET ADDRESS: % 1350 EAST NEWPORT CENTER DRIVE, #201
CITY-STATE-ZIP: DEERFIELD BEACH FL 33442

☐ DELETE

2. TITLE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

☐ DELETE

3. TITLE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

☐ DELETE

4. TITLE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

☐ DELETE

5. TITLE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

☐ DELETE

6. TITLE
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

☐ DELETE

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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, as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/96

Signature Phone

CR2E034 (12/95)