

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

**FILED**

**May 01 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000021020 (8)**  
 1. Corporation Name  
**M N & P SMITH, INC.**



Principal Place of Business <b>9302 EAST MARTIN LUTHER KING JUNIOR BLVD., UNIT 228 TAMPA FL 33610</b>	Mailing Address <b>9302 EAST MARTIN LUTHER KING JUNIOR BLVD., UNIT 228 TAMPA FL 33610-7462</b>
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3. Date Incorporated or Qualified <b>03/07/1996</b>	3a. Date of Last Report
4. FEI Number <b>59-3366170</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>12424 MARGORY AVE</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>12424 MARGORY AVE</b> Suite, Apt. #, etc.
22 City & State 23 <b>Tampa FL</b>	27 City & State 28 <b>Tampa FL</b>
24 Zip <b>33612</b> 25 Country	29 Zip <b>33612</b> 30 Country

9. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City <b>FL</b> B5 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>SMITH, NANCY L</b>	
STREET ADDRESS <b>9302 EAST MARTIN LUTHER KING JUNIOR BLVD., TAMPA FL 33610</b>	
CITY-ST-ZIP	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>SMITH, PATRICK F</b>	
STREET ADDRESS <b>9302 EAST MARTIN LUTHER KING JUNIOR BLVD., TAMPA FL 33610</b>	
CITY-ST-ZIP	
TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>SMITH, MICHAEL W</b>	
STREET ADDRESS <b>9302 EAST MARTIN LUTHER KING JUNIOR BLVD., TAMPA FL 33610</b>	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>SMITH, NANCY L</b>	
1.3 STREET ADDRESS <b>12424 MARGORY AVE</b>	
1.4 CITY-ST-ZIP <b>Tampa FL 33612</b>	
2.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME <b>SMITH, PATRICK F</b>	
2.3 STREET ADDRESS <b>12424 MARGORY AVE</b>	
2.4 CITY-ST-ZIP <b>Tampa FL 33612</b>	
3.1 TITLE <b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME <b>SMITH, MICHAEL W</b>	
3.3 STREET ADDRESS <b>12424 MARGORY AVE</b>	
3.4 CITY-ST-ZIP <b>Tampa FL 33612</b>	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 in an attachment with an address

CP2E034 (9/96)