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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000031540 (3)

SMITH EXPRESS, INC.

Principal Place of Business

Mailing Address

FILED Jan 24 1997 8:00am Secretary of State



SOUTH BAY FL		SOUTH BAY FL 33493-05	84			
				3. Date Incorporated or Qualified 04/10/1996	3a. Date of Last Report	t
2. Principal Pla	ace of Business	2a. Mailing Address	CII I	4. FEI Number	Applied	For
21 20UT	n BAY FI		84	65-0669039		plicable
Suite, Apt. # 22 [] \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1.W . SM AVE	Suite, Apt. #, etc 27 112 N W	8th AVE	5. Certificate of Status Desired	S8.75 Addit	
City, & State	n Bay Fl.	28 South B	Fl 3349	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Added to Fe	
za 3349	13 25 PAIMBEAL	h 29 3 349 3	30 PAIM BE		Yes No	.032,
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New R	egistered Agent	
5725	TH, CAROLYN 5 CORPORATE WAY, SUITE 206 ST PALM BEACH FL 33407	ı	81 Name 82 Street A	ddress (P.O. Box Number is Not Accepta	ble)	
			84 City		FL 85 Zip Code)
office or re	to the provisions of Sections 607 050, egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was	authorized by the corpo	corporation submits this statement for the oration's board of directors. I hereby acceptation	nurnose of changing its rec	gistered stered
SIGNATURE	C)	All All Applicable	TE: Registered Agent signature r	vocalised whom principlised	DATE	
12.	Signifiers, typed or printed name of registered age OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI		12
TITLE	PD	DELETE	1.1 TITLE	7100(110710)0111110201100111		Addition
NAME	SMITH, FRANKIE A		1.2 NAME		- • -	
STREET ADDRESS	112 NORTHEWST 8TH AVENU	IE .	1.3 STREET ADDRESS			
CITY-ST-ZIP	SOUTH BAY FL 33493	-	1.4 City-St-ZiP			
TITLE	VTD	DELETE	2.1 TITLE		☐ Change	Addition
NAME	SMITH, MILRANDA		2.2 NAME		_ •	
STREET ADDRESS	112 NORTHEWST 8TH AVENU	JF	2.3 STREET ADDRESS			
CITY-ST-ZIP	SOUTH BAY FL 33493	/ L	2 4 CITY-ST-ZIP			
TITLE	SD	DELETE	3.1 NTLE		Change	Addition
NAME	SMITH, KAREN	_	3.2 NAME			
STREET ADDRESS	112 NORTHEWST 8TH AVENU	iF	3.3 STREET ADDRESS			
ì	SOUTH BAY FL 33493	,	3.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE	ASSISTANT SECTE	J. DELETE	4.1 TITLE		Change	Addition
	しいさいされいキー ごんてほど	THEY	4. 2 NAME			
	0 2 2 2 2	1				
NAME	RitA B Smith	•	A 2 STOREY ADDRESS			
NAME STREET ADDRESS	ITIZ N. W JHANE	4211013	4.3 \$TREET ADDRESS			
NAME STREET ADDRESS CITY-ST-7IP	RITA B. Smith 112 N. W Ith AVE South BAY FL	33493	4.4 CITY-ST-ZIP		T Channe	Addition
NAME STREET ADDRESS CITY-ST-7IP TITLE	ITIZ N. W JHANE	33493 DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change	Addition
NAME STREET ADDRESS CITY-ST-7IP TITLE NAME	ITIZ N. W JHANE	33493 DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		☐ Change ☐	Addition
NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS	ITIZ N. W JHANE	33493 DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		☐ Change ☐	Addition
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NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE	ITIZ N. W JHANE		4.4 ¢ITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 ¢ITY-ST-ZIP 6.1 TITLE			

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: