

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

FILED
Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P96000031540 (3)
 1. Corporation Name
SMITH EXPRESS, INC.



Principal Place of Business	Mailing Address
SOUTH BAY FL. 112 N.W. 8TH AVE. SOUTH BAY FL 33493 US	PO BOX 584 112 NW 8TH AVE. SOUTH BAY FL 33493 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 <i>Smith EXPRESS</i>	26 <i>P.O. Box 584</i>
22 <i>112 N.W. 8 AVE</i>	27
23 <i>South Bay FL</i>	28 <i>South Bay FL</i>
24 <i>33493</i>	29 <i>33493</i>

3. Date Incorporated or Qualified	4. FEI Number	Applied For
<i>04/10/1996</i>	<i>65-0664039 - 65-0664039</i>	Not Applicable
5. Certificate of Status Desired	6. Election Campaign Financing Trust Fund Contribution	7. Additional Fee Required
<input type="checkbox"/>	<input type="checkbox"/>	<i>\$8.75</i> / <i>\$5.00</i>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

SMITH, CAROLYN
5725 CORPORATE WAY, SUITE 206
WEST PALM BEACH FL 33407

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 constituting) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITH, FRANKIE A	
STREET ADDRESS	112 NORTHEWST 8TH AVENUE	
CITY - ST - ZIP	SOUTH BAY FL 33493	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	SMITH, MILRANDA	
STREET ADDRESS	112 NORTHEWST 8TH AVENUE	
CITY - ST - ZIP	SOUTH BAY FL 33493	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SMITH, KAREN	
STREET ADDRESS	112 NORTHEWST 8TH AVENUE	
CITY - ST - ZIP	SOUTH BAY FL 33493	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MITA B. SMITH	
STREET ADDRESS	112 N.W. 8TH AVE.	
CITY - ST - ZIP	SOUTH BAY FL	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<i>RD SMITH, FRANKIE A.</i>
1.3 STREET ADDRESS	<i>112 NW 8TH AVE</i>
1.4 CITY - ST - ZIP	<i>SOUTH BAY FL</i>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 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.

SIGNATURE *Frankie A. Smith* *1-15-98 (FL) 901-2111*

CR2E034 (10/97)