

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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90027 025 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000031540

1. Corporation Name
SMITH EXPRESS, INC.



Principal Place of Business 112 NW 8TH AVE SOUTH BAY FL 33493 US	Mailing Address P O BOX 584 112 NW 8TH AVE. SOUTH BAY FL 33493 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 South Bay FL	2a. Mailing Address 26 P.O. Box 584
Suite, Apt. #, etc. 22 112 N.W. 8 AVE	Suite, Apt. #, etc. 27
City & State 23 South Bay FL	City & State 28 South Bay FL
Zip 24 33493	Country 25 Palm Beach
Zip 29 33493	Country 30 Palm Beach

3. Date Incorporated or Qualified 04/10/1996	
4. FEI Number 65-0664039	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" 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	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SMITH, FRANKIE A	
STREET ADDRESS	112 NORTHWEST 8TH AVENUE	
CITY-ST-ZIP	SOUTH BAY FL 33493	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	SMITH, MILRANDA	
STREET ADDRESS	112 NORTHWEST 8TH AVENUE	
CITY-ST-ZIP	SOUTH BAY FL 33493	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SMITH, KAREN	
STREET ADDRESS	112 NORTHWEST 8TH AVENUE	
CITY-ST-ZIP	SOUTH BAY FL 33493	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	RITA 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	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED *Frank Smith 1-28-99 (Tel) 996-2404*

CR2E034 (11/98)