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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P96000051492

1. Corporation Name
SMITH PROPERTY MANAGEMENT, INC

Principal Place of Business	Mailing Address
304 SW 10 ST. FORT LAUDERDALE, FL 33315	SAME

3. Date Incorporated or Qualified: 6/96
3a. Date of Last Report:

2. Principal Place of Business
21: 304 S.W 10 STREET
22: Suite, Apt. #, etc.
23: City & State: FORT LAUDERDALE, FL
24: Zip: 33315
25: Country: USA

2a. Mailing Address
26: 304 SW 10 STREET
27: Suite, Apt. #, etc.
28: City & State: FORT LAUDERDALE, FL
29: Zip: 33315
30: Country: USA

4. FEI Number: 65-0678816 ☐ 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

9. Name and Address of Current Registered Agent

WENDELYN M. REBHOLZ-SMITH
304 SW 10 ST.
FORT LAUDERDALE, FL 33315

10. Name and Address of New Registered Agent

81 Name: WENDELYN M. REBHOLZ-SMITH
82 Street Address (P.O. Box Number is Not Acceptable): 304 SW 10 ST.
83:
84 City: FORT LAUDERDALE **FL** 85 Zip Code: 33315

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: _____ 2/1/97
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT ☐ DELETE	1.1 TITLE	P, D, T, S ☒ Change ☐ Addition
NAME	WENDELYN M. REBHOLZ-SMITH	1.2 NAME	WENDELYN M. REBHOLZ-SMITH
STREET ADDRESS	304 SW 10 ST.	1.3 STREET ADDRESS	304 SW 10 ST.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315	1.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33315
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	500002085853 -02/12/97--01085--059 ***165.00
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	VB 2-6
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 a 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: _____ 2/1/97 (954) 568-2150
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #