

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

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Mar 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000053384 (9)

1. Corporation Name
WHITESMITH MARKETING, INC.



Principal Place of Business

401 N.W. 6TH STREET
OKEECHOBEE FL 34972

Mailing Address

POST OFFICE BOX 457
OKEECHOBEE FL 34973-0457

3. Date Incorporated or Qualified 06/21/1996
3a. Date of Last Report

2. Principal Place of Business
21 134 Beverly Road

22 ~~W. Palm Beach~~
City & State

23 W. Palm Beach, FL

24 33405
Zip

25 USA
Country

2a. Mailing Address
26 P.O. Box 20421

27
City & State
28 W. Palm Beach, FL

29 33416
Zip

30 U.S.A.
Country

4. FEI Number 65-0692810
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
SMITH, JOHN R
401 N.W. 6TH STREET
OKEECHOBEE FL 34972

10. Name and Address of New Registered Agent
81 Name Zoë Anne White
82 Street Address (P.O. Box Numbers Not Acceptable) 134 Beverly Road
83
84 City West Palm Beach FL 85 Zip Code 33405

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 and assume with me and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE Zoë Anne White Zoë Anne White S/T 3-12-97
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WHITE, WILLIAM G	
STREET ADDRESS	401 N.W. 6TH STREET	
CITY-STATE-ZIP	OKEECHOBEE FL 34972	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, JOHN R	
STREET ADDRESS	401 N.W. 6TH STREET	
CITY-STATE-ZIP	OKEECHOBEE FL 34972	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary/Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Zoë Anne WHITE	
1.3 STREET ADDRESS	134 Beverly Road	
1.4 CITY-STATE-ZIP	W. Palm Beach, FL 33405	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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, changed, or on an attachment with an address.

SIGNATURE: Zoë Anne White Zoë Anne White 3/12/97 (561)533-0088
DATE: 3/12/97

CR2E034 (9/96)