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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000066630

SMITH & DELAUGHDER, INC.

FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90021 033 ***150.00



| Principal Place of Business | Mailing Address | | | |
|---|---------------------------------------|--|---|---|
| 331 US HIGHWAY 1 531 US HIGHWAY 1 N PALM BEACH FL 33408 N PALM BEACH FL 33408 | | | DO NOT WRITE IN THIS S | SPACE |
| | | | 3. Date Incorporated or Qualifed | |
| | | | 08/07/1996 | |
| 2. Principal Place of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 1 | 26 | | 65-0697079 | Not Applicable |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 5. Certifcate of Status Desired | \$8.75 Additional Fee Required |
| City & State | City & State | | 6, Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip Country | Zip Country | | a. This corporation owes the current year Intal | ngible |
| 4 25 | 29 30 | | Personal Property Tax. | ☐ Yes ☐ No |
| 9. Name and Address of Current | Registered Agent | | 10. Name and Address of New Registered A | gent |
| SMITH, MARGARET I 11242 THYME DR | | 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| PALM BEACH GARDENS FL 33418 | | 83 | | |
| | | 84 City | FL | 85 Zip Code |
| Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation | of Florida. Such change was authorize | ed by the corporation | oration submits this statement for the purpose of c on's board of directors. I hereby accept the appoint | hanging its registered tment as registered |

| · · · · · · · · · · · · · · · · · · · | | | |
|---|---|----------------------------|----------------------------|
| Standard typed or printed name of registered agent and title if applicable (NOTE: R | egistered Agent signature required when re | oinstating) DATE | |
| OFFICERS AND DIRECTORS | <u></u> | | ECTORS IN 12 |
| PC DELETE | 1.1 TITLE | □ Ct | nange |
| | 1.2 NAME | | |
| | 1.3 STREET ADDRESS | | |
| PALM BEACH GARDENS FL | 1.4 CITY-ST-ZIP | | |
| TS DELETE | 2.1 TITLE | cr | nange |
| DELAUGHDER, JOHN T | 2 2 NAME | | |
| 507 BUTLER DR | 2.3 STREET ADDRESS | | |
| BRUNSWICK GA | 2.4 CITY-ST-ZIP | | |
| D DELETE | 3_1 TITLE | □ Ch | ange |
| WHITE, MARIAH S | 3 2 NAME | | |
| 1035 RAINTREE DR | 3.3 STREET ADDRESS | | |
| PALM BEACH GARDENS FL 33410 | 3.4. CITY-ST-ZIP | | |
| ☐ DELETE | 4.1 TITLE | □ Cr | nange |
| | 4. 2 NAME | | |
| | 4.3 STREET ADDRESS | | |
| | 4.4 CITY-ST-ZIP | | |
| ☐ DELETE | 5.1 TITLE | □ Cr | nange |
| | 5.2 NAME | | |
| | 5.3 STREET ADDRESS | | |
| | 5.4 CITY-ST-ZIP | | |
| ☐ DELETE | 6.1 TITLE | □ Cr | nange |
| | 62 NAME | | |
| | 6.3 STREET ADDRESS | | |
| | 6.4 CITY-ST-ZIP | | A II - :- E |
| | OFFICERS AND DIRECTORS PC SMITH, MARGARET I 11242 THYME DR PALM BEACH GARDENS FL TS DELAUGHDER, JOHN T 507 BUTLER DR BRUNSWICK GA D WHITE, MARIAH S 1035 RAINTREE DR PALM BEACH GARDENS FL 33410 DELETE | OFFICERS AND DIRECTORS PC | OFFICERS AND DIRECTORS PC |

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: