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PROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

DOCUMENT # **P96000070881 (3)**

1. Corporation Name

**SMITH PUBLICATIONS INC.**

Principal Place of Business

1014 EATON STREET  
KEY WEST FL 33040

Mailing Address

1014 EATON STREET  
KEY WEST FL 33040-6825

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

24

Country

25

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

29

Country

30

**6. Name and Address of Current Registered Agent**

YOUmans-SMITH, TERI Y  
1014 EATON STREET  
KEY WEST FL 33040

3. Date Incorporated or Qualified <b>08/26/1996</b>	3a. Date of Last Report
4. FEI Number <b>65-0691344</b>	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	10. Name and Address of New Registered Agent
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City <b>FL</b> 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	NAME	11 TITLE <b>PRESIDENT / DIRECTOR</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	12 NAME <b>Teri Youmans-Smith</b>
STREET ADDRESS	CITY-ST-ZIP	13 STREET ADDRESS <b>1014 EATON ST.</b>
CITY-ST-ZIP		14 CITY-ST-ZIP <b>KEY WEST, FL 33040</b>
TITLE	NAME	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	22 NAME
STREET ADDRESS	CITY-ST-ZIP	23 STREET ADDRESS
CITY-ST-ZIP		24 CITY-ST-ZIP
TITLE	NAME	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	32 NAME
STREET ADDRESS	CITY-ST-ZIP	33 STREET ADDRESS
CITY-ST-ZIP		34 CITY-ST-ZIP
TITLE	NAME	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	42 NAME
STREET ADDRESS	CITY-ST-ZIP	43 STREET ADDRESS
CITY-ST-ZIP		44 CITY-ST-ZIP
TITLE	NAME	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	52 NAME
STREET ADDRESS	CITY-ST-ZIP	53 STREET ADDRESS
CITY-ST-ZIP		54 CITY-ST-ZIP
TITLE	NAME	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREET ADDRESS	62 NAME
STREET ADDRESS	CITY-ST-ZIP	63 STREET ADDRESS
CITY-ST-ZIP		64 CITY-ST-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 if changed, or on an attachment with an address.

SIGNATURE X *Teri Youmans-Smith*

9/12/97

CR2E034 (9/96)