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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P96000081546 (9)

JAMES J. SMITH & ASSOCIATES REAL ESTATE, LTD., I

FILED Mar 30 1998 8:00am Secretary of State



110.							
Principal Plac	e of Business	Mailing Ad	dress				
750 N. OCEAN BLVD. #901 750 N. OCEAN BLVD. #901 POMPANO BEACH FL 33062 POMPANO BEACH FL 33062						DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualified 10/02/1996	
2. Principal P	lace of Business	2a. Mailing	Address			4. FEI Number Applied For	
21		26				65-0698835 Not Applicable	
Suite, Apt.	#, etc.	⊢	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	
City & State		27	City & State			Fee Required	
23		28	State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution	
Zip	Country		-	Country		8. This corporation owes or has paid the current year Intangible	
24	25 29 30		30	Personal Property Tax due June 30. Yes No			
						10. Name and Address of New Registered Agent	
	MITH, JAMES J			Ľ	Name		
750 N. OCEAN BLVD. #901 POMPANO BEACH FL 33062				82		et Address (P.O. Box Number is Not Acceptable)	
				83	·		
				84	City	FL 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: Re					Registered Agent signature required when reinstating) DATE DATE		
12.	D OFFICERS.	AND DIRECTORS	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition	
NAME	SMITH, JAMES J		Dittere	1.2 NAME		Li change Li Addition	
STREET ADDRESS	750 N. OCEAN BLVD. #9	201			T ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33			1.4 CITY-		`	
TITLE			DELETE	2.1 TITLE	91 - £IF	Seere tark Tree Surr Change & Addition	
NAME				2.2 NAME		Morprie L. Suith	
STREET ADDRESS					T ADDRESS	Secretary-Treesur Change Baddition Harprie L. Suith \$ 750 n. Ocean Blue # 90/ Fom pare Beach FL 33062	
CITY-ST-ZIP				2. 4 CITY	ST-ZIP	Par 2000 Beach F/ 330/02	
TITLE			DELETE	3.1 TITLE		Change Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREE	T ADDAESS	s	
C+TY-ST-ZIP				3.4. CITY-	ST-ZIP	· · · · · · · · · · · · · · · · · · ·	
TITLE			DELETE	4.1 TITLE		Change Addition	
NAME				4. 2 NAME			
STREET ADDRESS				4.3 STREE	T ADDRESS	5	
CITY-ST-ZIP			P	4.4 CITY-	ST-ZIP		
TITLE			DELETE	5.1 TITLE		Change Addition	
NAME				5.2 NAME			
STREET ADDRESS					T ADDRESS	\$ 	
CITY-ST-ZIP			I no est	5.4 CITY-	ST-ZIP		
TITLE			DELETE	6.1 TITLE		Change Addition	
NAME				6.2 NAME			
STREET ADDRESS					T ADDRESS	3	
CITY-ST-ZIP	artifuthat the information amplies	t with this filing dos	na nat avality to	6.4 CITY-		ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	
is, interesty (жину инастию инфинатон supplied	a with this filling ode	is not quainy for	THE EXERT	ハルンロ ちはばし	area in section 1 (3.07(3)(1), Florida statutes. Hunner certify that the information	

indicated on this annual report or supplied with this ming does not quality on the exemption stated in Section 1.19.07(3)), Florida Statutes. I further certify that file indicated on this annual report or supplied mental annual report is true 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.