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

2a. Mailing Address

City & State

Zip

28

29

Suite, Apt. #, etc.

PROFIT CORPORATION ANNUAL REPORT

1997

2. Principal Place of Business

City & State

Valrico

ROSE, NORMA J 2130 W BRANDON BLVD

BRANDON FL 33511

SUITE 205



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000096092 (7)

STEPHEN W. SMITH AND ASSOCIATES, INC.

1826 Citrus Orchard Was

Country

USA

g. Name and Address of Current Registered Agent

Principal Place of Business Mailing Address P O BOX 809 P O BOX 809 BRANDON FL 33509-0809 BRANDON FL 33509-0809

Country

81

82

83 84 City

Name

Street Address (F

30

May 13 Secreta				
Scorcia	ai y	OI	Stat	.0
Data Incorporated or Qualified.	Ta- D	ato of Las	- December	
3. Date Incorporated or Qualified 11/22/1996	3a. Da	ate of Las	а нероп	
4. FEI Number			Applied For	<u>r</u>
65-0712319		60.7	Not Applica	
5. Certificate of Status Desired			5 Additional Required	'
Election Campaign Financing Trust Furid Contribution		\$5.00 May Be Added to Fees		
This corporation has liability for in Florida Statutes	ntangible] Yes [tax unde i No	or s. 199.032	·,
10. Name and Address of New Reg	lstered .	Agent		
s (P.O. Box Number is Not Acceptable	io)			
S (1.O. DOX Number is Not Acceptant				
14% b4.8%				
	FL	8 5 Z	ip Code	
ation submits this statement for the pri's board of directors. I hereby accep	urpose of	changin	g its register	red
To board or directors, thereby Bobop	τιιο αμρ	OHMITICIAL	as registere	id
when reinstaling)	DATE			
ADDITIONS/CHANGES TO OFFIC	ERS AND			
		Chang	ge [_] Addi	ition 6
				ORZE034 (9/96)
		☐ Chang	ge 🔲 Add	ition

11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Florida Statutes, the above-named corporation office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's bagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, lypod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when OFFICERS AND DIRECTORS 12. 13. DELETE TITLE 1.1 TO LE stephen w. Smith NAME 1.2 NAME 1826 Citrus Orchard Wax STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY - \$1 - ZIP DELETE TITLE 2.1 10103 NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY - ST - ZIP DELETE TITLE 3.1 11100 Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-S1-7IP DELETE TITLE 4.1 1001 Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-7IF DELETE TITLE 5.1 TITUL Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE Change 6.1 TITLE ___ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 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 eath; 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 chargied, or on an attachment with an address.