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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000007369 (6) DOCUMENT #
1. Corporation Name

NAISMITH CAPITAL STRATEGIES, INC.

Principal Place of Business

Mailing Address

1703 HYDE PARK STREET SARASOTA FL 34339

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## **FILED** May 01 1998 8:00am Secretary of State



|  | 3. Date Incorporated or Qualified   |
|--|---|
| 01/24/1997   |   |
| 2. Principal Place of Business  2a. Mailing Address  | Applied For   |
| 21 2844 Proc Suite Apt. #, etc.  | for Rd. 65-0785005 Applicable   |
| 22   | 5. Certificate of Status Desired S8.75 Additional Fee Required  |
| City & State   | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees                              |
|  | 8. This corporation owes or has paid the current year latapgible  |
|  | Personal Property Tax due June 30. Yes No   |
| 9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent /   |   |
| SHEA, JOHN   | or Name   |
| 630 SOUTH ORANGE AVE.  | 82 Street Address (P.O. Box Number is Not Acceptable)   |
| Sara <b>s</b> ota fl 34236   |   |
| 83   |   |
|  | 84 City FL 85 Zip Code  |
| 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the a  |   |
| 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 agont, 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 temiliar 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: Registere  | red Agent signature required when reinstating) DATE   |
| 12. OFFICERS AND DIRECTORS 13.   |   |
|  | TITLE Change Addition   |
| ,  | NAME  |
|  | STREET ADDRESS  CITY-ST-ZIP   |
|  |   |
|  | TITLE Change Addition   |
|  | NAME  |
| STREET ADDRESS 23 S  | STREET ADDRESS  |
|  | CITY-ST-ZIP   |
|  | TITLE Change L Addition   |
|  | NAME  |
|  | STREET ADDRESS  |
|  | CITY-ST-ZIP   |
|  | TITLE Change Addition   |
| <b>1</b> ■   | NAME  |
|  | STREET ADDRESS  |
|  | CITY-ST-ZIP CHAnge Addition   |
|  | ]   |
| <b>1</b>   | NAME .  |
|  | STREET ADDRESS  |
|  | CHY-ST-ZIP CHAnge Addition  |
|  |   |
|  | NAME<br>CATHERA ADDRESS   |
|  | STREET ADDRESS  |
|  | CITY-ST-ZIP   xemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information |

indicated on this annual report or supplemental occurs from an 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:

941 927-7887