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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700007369

1. Corporation Name

NAISMITH CAPITAL STRATEGIES, INC.

Principal Place of Business	Mailing Address		
2844 PROCTOR ROAD	2844 PROCTOR RD		
SARASOTA FL 34231	SARASOTA FL 3423		
US	US		

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90134 029 ***150.00



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Principal Place	of Business	Mailing Address		, ,,,,,				
2844 PROCTOR	ROAD	2844 PROCTOR RD						
• • • • • • • • • • • • • • • • • • • •		SARASOTA FL 34231			OO NOT WRITE IN THIS SPACE			
		US		2 Date Inco	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
				I	•			
D. Driveire I Die	and of Dunings	2- Mailing Address		01/24/ 4. FEI Num		— Ar	plied For	İ
2. Principal Pla	(2a. Mailing Address 26 800 S. OS	pren Ave	I			ot Applicable	İ
21 <u>5</u> U D Suite, Apt, #	S. Usprey /tve	Suite, Apt. #, etc.	prey m	05.070	3003		Additional	1
	r, etc. • g	27		5. Certifcate	e of Status Desired	T	ecuired	
City: & State		Çity & State		6 Election	Campaign Financing	\$5.00	May Be	
23 8 616		28 Savasotz	FL	1 -	nd Contribution		tc Fees	
24 3423	Country USA	Zip 29 34736 30	Country USA	"	oration owes the current ye Property Tax.	ear Intangible Yes	/Xno	
	9. Name and Address of Current	Registered Agent		10. Name a	nd Address of New Regis	tered Agent /		4
			81 Name					
	A, JOHN		82 Street A	rdress (P.O. Box N	lumber is Not Acceptable)			1
	SOUTH ORANGE AVE.							
SARA	ISOTA FL 34236		83					
			84 City			85 Zip	Code	ł
			64 City			FL "	0,00	
office or re	o the provisions of Sections 607.0502 gistered agent, or bo h, in the State o n familiar with, and accept the obligati	f Florida. Such change was auth	orized by the corpor	crporation submits ation's board of cir	this statement for the purpo ectors. I hereby accept the	ose of changing its appointment as re	registered g stered	
SIGNATURE								
	Signature, typed or printed na ne of registered agent		gistered Agent signature req			ATE	2512 (51.42	وَ ∤
12.	OFFICERS AND		13.	ADDITION	IS/CHANGES TO OFFICE	Change	Addition	-
TITLE	D	☐ DELETE	1.1 TITLE	Al	-	Z) onlingo		}
NAME	NAISMITH, IAN		1.2 NAME	/ Vhismith	Fr. 34732		į	8
STREET ADDRESS	1703 HYDE PARK STREET		1 3 STREET ADDRESS	7070 011	. The way			Ļ
CITY-ST-ZIP	SARASOTA FL 34339			SULVESOTA	1 34 PSY	Change	Addition	1 8
TITLE		☐ DELETE	21 TITLE			change	- Addition	
NAME			2 2 NAME				į	
STREET ADDRESS			2.3 STREET ADDRESS					
CITY-ST-ZIP			2. 4 CITY- ST- ZIP			Change	Addition	-
TITLE		☐ DELETE	3.1 TITLE			☐ Change	[_] Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET ADDRESS					1
CITY-ST-ZIP			3.4. CITY-ST-ZIP			Change	Addition	1
TITLE		☐ DELETE	4.1 TITLE			Change	[_] Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP				- Addition	┨
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP					-
TITLE		☐ DELETÉ	6.1 TITLE			Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			63 STREET ADDRESS				•	
CITY-ST-ZIP			6.4 CITY-ST-ZIP					

14. 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 changes, or on an attachment with an address, with all other like empowered.