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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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Apr 20 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

CITY-ST-ZIP

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FLORIAN SMITH CONSULTING COMPANY

Principal Place of Business Ges SUMMERWOOD AVE ORLANDO FL 32812 A Principal Place of Business CRIANDO FL 32812 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/15/1997 2. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Principal Place of Business 2c. Mailing Address 2c. City & State 2c. Country 2c. City & State 2c. Country 2c. Countr
ORLANDO FL 38812 ORLANDO FL 48812 ORLANDO FL 4
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Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27 5. Certificate of Status Desired Fee Required
City & State 28 City & State 29 Country Country Tip Country Registered Agent SMITH, FLORIAN 4096 SUMMERWOOD AVE ORLANDO FL 32812 10. Name and Address of New Registered Agent 82 Street 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 Statules, the above-named corporation's board of directors. I hereby accept the appointment as 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, and accept the obligations of, Section 607.0505, Florida Statules. SIGNATURE Signature, typed or printed name of registered agent and title if agrificable. (NOTE Registered Agent signature required when reinstating) DATE 11. TITLE D Change Addition
28 Trust Fund Contribution Added to Fees Zip Country Zip Country B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent SMITH, FLORIAN 4096 SUMMERWOOD AVE ORLANDO FL 32812 82 Street Address (P.O. Box Number is Not Acceptable) 83 Registered Agent Street Address (P.O. Box Number is Not Acceptable) 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 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, are familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signature, speed or printed name of registered agent and title of applicable (NOTE Registered Apent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D Change Addition
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Anna Anna Carlotta
STREET ADDRESS 4096 SUMMERWOOD AVE 13 STREET ADDRESS
CITY-ST-ZIP ORLANDO FL 32812
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NAME 6.2 NAME
STREET ADDRESS 6.3 STREET ADDRESS

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 changed, or on an attachment with an address.