


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

FILED  
Apr 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000042877 (5)

1. Corporation Name

A. SMITH ENTERPRISES, INC.



Principal Place of Business

3101 OAKLAND SHORES DRIVE  
SUITE 105  
OAKLAND PARK FL 33309

Mailing Address

3101 OAKLAND SHORES DRIVE  
SUITE 105  
OAKLAND PARK FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
05/12/1997

2. Principal Place of Business

21 7571 N.W. 21 CT.

Suite, Apt. #, etc.

22 City & State

23 Sunrise, FL.

24 33313

Country

25 Broward

2a. Mailing Address

26 7571 N.W. 21 CT.

Suite, Apt. #, etc.

27 City & State

28 Sunrise, FL.

29 33313

Country

30 Broward

4. FEI Number

65-0754681

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. 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, AUDREY  
3101 OAKLAND SHORES DRIVE  
SUITE 105  
OAKLAND PARK FL 33309

10. Name and Address of New Registered Agent

81 Name Audrey Smith M.  
82 Street Address (P.O. Box Number is Not Acceptable)  
7571 N.W. 21 CT.  
83  
84 City Sunrise, FL 85 Zip Code 33313

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

*Audrey M. Smith*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, AUDREY	
STREET ADDRESS	3101 OAKLAND SHORES DRIVE, SUITE 105	
CITY-ST-ZIP	OAKLAND PARK FL 33309	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Smith, Audrey M.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	7571 N.W. 21 CT.	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	SUNRISE, FL. 33313	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 changed, or on an attachment with an address.

SIGNATURE:

*Audrey M. Smith*

4/1/98

954  
748-8100

CF2E034 (10/97)