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

CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #	P97000068811	(3)
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FILED Jan 16 1998 8:00am Secretary of State

1. Corporatio	MS AND SMITHERS,	NC.		
Principal Plac	e of Business	Mailing Address		- 1 100KTOOL ING KANN TOON GONIN BONN ONTH BONG BONG NAME IN 1970 INDIVINUE
6514 KIM LIN		6514 KIM LINDA LANE		
SARASOTA F		SARASOTA FL 34243		
				DO NOT WRITE IN THIS SPACE
				3. Date incorporated or Qualified 08/07/1997
2. Principal Place of Business 26. Mailing Address			4. FEI Number ADDAGO Applied For	
21 26				65-017-01 Not Applicable
Suite, Apt.	₩, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & Stat	0	City & State		6. Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip ,	Country	Zip (Country	8. This corporation owes or has paid the current year Intangible
24	, 25	29 30		Personal Property Tax due Juno 30. Yes 🚨 No
	· · · · · · · · · · · · · · · · · · ·	f Current Registered Agent	81 Name	10. Name and Address of New Registered Agent
	rlson, Kevin		81 Name	ļ
	14 KIM LINDA LANE		82 Street Add	ress (P.O. Box Number is Not Acceptable)
SA	RASOTA FL 34243		83	
			84 City	FL 85 Zip Code
11. Pursuant office or r agent. I a SIGNATURE		lun luston		poration submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered / 7-98 red when reinstating) DATE
10	Signature, typed or printed name of rep		tored Agent signature requi	
12.	D		i3. .1 Title	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	Carlson, Kevin		2 NAME	L Change L Addition
STREET ADORESS	6514 KIM LINDA LANI		.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34243		.4 CITY-ST-71P	
TITLE	D		1 TITLE	Change Addition
NAME	CARLSON, CHARLENI		.2 NAME	
STREET ADDRESS	6514 KIM LINDA LANE		.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34243		. 4 CITY-ST-ZIP	
THILE			.1 TALE	Change Addition
NAME		3.	.2 NAME	
STREET ADDRESS		3.	3 STREET ADDRESS	
CiTY-ST-ZIP		3.	.4. CITY-ST-ZIP	
TITLE			1 TITLE	Change Addition
NAME		4.	. 2 NAME +	
STREET ADDRESS		4.	3 STREET ADDRESS	
CITY-ST-ZIP		4.	4 CITY - ST - ZIP	
TITLE		DELETE 5	1 TITLE	☐ Change ☐ Addition
NAME		5.	2 NAME	. 1/
STREET ADDRESS		5	3 STREET ADDRESS	1/11. 1/4
CITY-ST-ZIP		** * * * * * * * * * * * * * * * * * *	4 CITY-ST-ZIP	11071)
TITLE		□ DELFTE 6	1 TITLE	900024047± Grange Addition -01/20/9801061007
NAME		6	2 NAME	-01/20/9801061007
		-		811 (01 01 010 01 00 1
STREET ADDRESS		6.	3 STREET ADDRESS	***158.00

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 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 changed, or on an attact year address: