


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

FILED  
Mar 10 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P97000094658 (6)**

1. Corporation Name

**SMOOTH RUNNING ENTERPRISES, INC.**



|  |  |
|--|--|
| Principal Place of Business<br><b>20041 NW 14TH COURT<br/>MIAMI FL 33169</b> | Mailing Address<br><b>20041 NW 14TH COURT<br/>MIAMI FL 33169</b> |
|--|--|

DO NOT WRITE IN THIS SPACE

|   |  |  |  |   |  |
|---|--|--|--|---|--|
| 2. Principal Place of Business<br><b>21 8690 NW 3rd Street</b><br>Suite, Apt. #, etc.   |  | 2a. Mailing Address<br><b>26 8690 NW 3rd Street</b><br>Suite, Apt. #, etc. |  | 3. Date Incorporated or Qualified<br><b>11/04/1997</b>  |  |
| 22 City & State<br><b>23 Pembroke Pines, FL</b>   |  | 27 City & State<br><b>28 Pembroke Pines, FL</b>                            |  | 4. FEI Number<br><b>65-0800709</b><br>Applied For<br><input type="checkbox"/> Not Applicable                          |  |
| 24 Zip<br><b>33024</b>  |  | 25 Country<br><b>Broward</b>   |  | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>            |  |
| 26 Zip<br><b>33024</b>  |  | 27 Country<br><b>Broward</b>   |  | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |  |  |   |  |

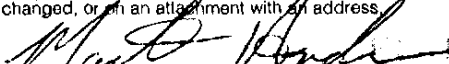
|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent<br><b>ANDERSON, MARTIN<br/>20041 NW 14TH COURT<br/>MIAMI FL 33169</b> |  |  |  | 10. Name and Address of New Registered Agent                                       |  |
| 81 Name<br><b>Martin Anderson</b>   |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>8690 NW 3rd Street</b> |  |
| 83  |  |  |  | 84 City<br><b>Pembroke Pines</b>   |  |
| 85 Zip Code<br><b>33024</b>   |  |  |  | 86   |  |

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  **Martin Anderson** DATE **2/27/98**

|                            |                            |                                 |  |   |  |  |  |
|----------------------------|----------------------------|---------------------------------|--|---|--|--|--|
| 12. OFFICERS AND DIRECTORS |                            |                                 |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |  |  |
| TITLE                      | <b>D</b>                   | <input type="checkbox"/> DELETE |  | 1.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |
| NAME                       | <b>ANDERSON, MARTIN</b>    |                                 |  | 1.2 NAME  |  |  |  |
| STREET ADDRESS             | <b>20041 NW 14TH COURT</b> |                                 |  | 1.3 STREET ADDRESS                                    | <b>8690 NW 3rd Street</b>  |  |  |
| CITY-ST-ZIP                | <b>MIAMI FL 33169</b>      |                                 |  | 1.4 CITY-ST-ZIP                                       | <b>Pembroke Pines, FL 33024</b>  |  |  |
| TITLE                      |                            | <input type="checkbox"/> DELETE |  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME                       |                            |                                 |  | 2.2 NAME  |  |  |  |
| STREET ADDRESS             |                            |                                 |  | 2.3 STREET ADDRESS                                    |  |  |  |
| CITY-ST-ZIP                |                            |                                 |  | 2.4 CITY-ST-ZIP                                       |  |  |  |
| TITLE                      |                            | <input type="checkbox"/> DELETE |  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME                       |                            |                                 |  | 3.2 NAME  |  |  |  |
| STREET ADDRESS             |                            |                                 |  | 3.3 STREET ADDRESS                                    |  |  |  |
| CITY-ST-ZIP                |                            |                                 |  | 3.4 CITY-ST-ZIP                                       |  |  |  |
| TITLE                      |                            | <input type="checkbox"/> DELETE |  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME                       |                            |                                 |  | 4.2 NAME  |  |  |  |
| STREET ADDRESS             |                            |                                 |  | 4.3 STREET ADDRESS                                    |  |  |  |
| CITY-ST-ZIP                |                            |                                 |  | 4.4 CITY-ST-ZIP                                       |  |  |  |
| TITLE                      |                            | <input type="checkbox"/> DELETE |  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME                       |                            |                                 |  | 5.2 NAME  |  |  |  |
| STREET ADDRESS             |                            |                                 |  | 5.3 STREET ADDRESS                                    |  |  |  |
| CITY-ST-ZIP                |                            |                                 |  | 5.4 CITY-ST-ZIP                                       |  |  |  |
| TITLE                      |                            | <input type="checkbox"/> DELETE |  | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |  |
| NAME                       |                            |                                 |  | 6.2 NAME  |  |  |  |
| STREET ADDRESS             |                            |                                 |  | 6.3 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 changed, or in an attachment with an address.

SIGNATURE:  **Martin Anderson** DATE **2/27/98** 305-710-8880

CP2E034 (10/97)