02181999-90027-042-\$150.00-\$150.00

THE AFTER MAY 1ST IS \$550:00

. FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Feb 18, 1999 8:00 am Secretary of State

02-18-1999 90027 042 ***150.00

		
DOCUMENT #	P970001	03679
A Compositor Marga		

1. Corporation Name

HOBERI	W. SMITH, PA	_						
rindnal Place	of Business	Mailing Address					•	
Principal Place of Business 9006 120TH STREET NORTH SEMINOLE FL 33772		9908 120TH STREET NORT SEMINOLE FL 33772	TH		ļ	DO NOT WRITE IN	THIS SPACE	
	a' sa					3. Date Incorporated or Qualified 01/01/1998		
. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number 480124		piled For t Applicable
Suite, Apt. #	‡, etc.	25 Suika, Apt. #, etc. 27				5. Certificate of Status Desired	\$8.75 A	
City & State	·	City.& State		-	-	6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added I	
Zip ·	Country	Zip	Cou	ntry	, =1=	8. This corporation owes the current y	ear Intangible	(ŽÍNo
)	25	29	30			Pérsonal Property Tax.		
	9. Name and Address of Curren	it Registered Agent		٠		10. Name and Address of New Regis		
CLIT	H, ROBERT W			-	lame			
PULD	120TH STREET NORTH			82 S	treet Addres	ss (P.O. Box Number is Not Acceptable)	engage i ment habita be e	<u></u>
SEMINOLE FL 33772							新聞事。	
				1 1	ity		FL 1 1	Code
	غږ						JATÉ	
SIGNATURE	Signature, types of printed name of registered age OFFICERS AN			Agent sig			JATÉ	
SIGNATURE 12.	Signature, types or printed name of registered age OFFICERS AN	int and title if applicable #NOT	TE: Registered	Agent sign		when reinstalled) * ((+) ***	RS AND DIRECTO	ORS IN 12
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14. I hereby certify that the information supplied with this filling 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 chapted, or on a practical ment with an address, with all other like empowered.

SIGNATURE:

SECNATURE AND TYPED OR PRINTED NAME OF SIGNATION OFFICER OR DIRECTOR