

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90092 019 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000015146**

1. Corporation Name

**RHODES & ASSOCIATES, INC.**

<b>Principal Place of Business</b> 629 SE 5TH AVE FT LAUDERDALE FL 33301-3103	<b>Mailing Address</b> 629 SE 5TH AVE FT LAUDERDALE FL 33301-3103
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 21 1860 N. Pine Island Road Suite, Apt. #, etc. 22 Suite 115 City & State 23 Plantation, FL Zip 24 33322-5209 Country 25 U.S.A.	<b>2a. Mailing Address</b> 26 PO Box 91368 Suite, Apt. #, etc. 27 City & State 28 Fort Lauderdale, FL Zip 29 33335-1368 Country 30 U.S.A.
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3. Date Incorporated or Qualified

02/16/1998

4. FEI Number

650817552

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing

☐ **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

 SMITH, LAURENCE J  
 629 SE 5TH AVE  
 FT LAUDERDALE FL 33301-3103

10. Name and Address of New Registered Agent

81 Name	
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 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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, NADINE R	1.2 NAME	
STREET ADDRESS	629 SE 5TH AVE	1.3 STREET ADDRESS	1860 N. Pine Island Rd., Ste 115
CITY-ST-ZIP	FT LAUDERDALE FL 33301-3103	1.4 CITY-ST-ZIP	Plantation, FL 33322-5209
TITLE		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		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		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		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		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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-99

Date

(954) 475-9636

Daytime Phone #

CR2E034 (1/98)