FILED May 01, 1999 8:00 am Secretary of State

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Katherina Harris

	JAL REPORT 1999	Secretary Olivision of Co		05-01-1999 9	90075 047 **	*150.00	
DOCUI	MENT # P9800	0090361					
SMELL V	NELL, INC.				***** (#17) ES(S\$ 1(10\$)		
Delivation of Pileans	of Business	Mailing Address					
Principal Place		2875 SOUTH OCEAN BLVD. S	TE 200				
PALM BEACH F	CEAN BLVD. STE 200 FL 33480	PALM BEACH FL 33480	ne av	DO NOT WRITE IN	THIS SPACE		,
	,			3. Date Incorporated or Qualifed			
	······ <u>·</u>	2a, Mailing Address		10/22/1998 4, FEI Number	Acr	Med For	1
_	face of Business	<u> </u>		65-0878493		Applicable	i
Suite, Apt.	# etc	Suite, Apt. #, etc.		02 W 70722	\$8.75 A		1
22	,	27		5, Certificate of Status Desired	Fee Re	quired	Į
City & State	:e	City & State		6. Election Campaign Financing	\$5.00		
23		28		Trust Fund Contribution	Added to	Fees	1
Zip	Country	Zlp	Country	This corporation owes the current ye Personal Property Tax.	er Intengible	⊠No	
24	9. Name and Address of Curr	29 3		10. Name and Address of New Registr		24,40	1
	9. Name and Address of Cur	aur Kafisman vilent	81 Name				1
BART	TL, GERALD		82 Street Add	ress (P.O. Box Number is Not Acceptable)			1
2875 SOUTH OCEAN BLVD. STE 200			62 Steel Add	BBS (F.O. DOX HUITDE IS NOCOPUND)	<u> </u>	<u>, </u>	1
PALA	M BEACH FL 33480		83			•	1
			84 City		85 Zip C	ode	1
}			1 1 1		FL	intered	ł
_11_Pursuant	to the provinces of Sections 607.0	EGG and SOT 1500 Elected Statutor	the shows named com				
. office or ∩	registered agent, or both, in the Sta	to of Florida. Such change was aut	iorized by the corporati	poration submits this statement for the purpor ion's board of directors. I hereby accept the a	appointment as reg	istered	
office of fi	registered agent, or both, in the Sta im familiar with, and accept the obli	te of Florida. Suction france was auti gations of, Section 607.0505, Florid	fortzed by the corporati a Statutes.	poration submits this statement for the purposion's board of directors. I hereby accept the a	appointment as reg	istered	-
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SIGNATURE	Signature, typed or printed name of registered a		iorized by the corporation Statules. Statules. Statules. 13.		TE AND DIRECTO	RS IN 12	1,08
SIGNATURE	Signature, typed or printed name of registered a OFFICERS	ogent and title if applicable (NOTE: Ri	agistered Agent algosture require	ad when reinstating) DA'	π <u></u>		Ξ
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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 ceth, 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 off an attachment with an address, with all other like empowered.

8.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS