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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMEN I # S54211 (5)					
MERLE SMITH LUXURY HOMES, INC.					
IVILITE	SWITT LONGHT FIGHES,	1140.			r concine sac Olist Cibro cana stant stan albit Side, diche Cini, arbit della
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Principal Place	a of Business	Mailing Addres	c		
757 S.E. 17TH STREET 757 S.E. 17TH STREET SUITE 274 SUITE 274					
FT. LAUDERDALE FL 33316 FT. LAUDERDALE FL 33316			LE FL 33316		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified	
					05/20/1991
<b></b>			Mailing Address		4. FEI Number Applied For
21		26		<del></del>	65-0683597 Not Applicable
Suite, Apt.	#, <b>e</b> tc.	Suite, Apt. #	, etc.		5. Certificate of Status Desired S8.75 Additional
27			Yalo		Fee Required
City & State	9	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
			Zip Country		
24	25	29			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9. Name and Address of Current Registered Agent		Τ	10. Name and Address of New Registered Agent	
I F	ONARD, C. GLENN	<u>-</u>		81 Name	
	75 NORTH FEDERAL HIGHWAY	1		00 00000	Address (C.O. David and in National Address (C.O. David and Inc.)
10TH FLOOR				B2 Street A	Address (P.O. Box Number is Not Acceptable)
FT. LAUDERDALE, FL Q33308 FL				83	
				84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508 prida Statutes, the above-nam				above-named	
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508 fibrida Statutes, the above-name office or registered agent, or both, in the State of Florida. Such change was authorized by the coagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.</li> </ol>				ed by the corp stutes.	poration's board of directors. I hereby accept the appointment as registered
SIGNATURE (	-61-	~	C. (	rlenn	Leonard 1/7/98
ORNATORE	Signature, typod or printed name of registered a				required when reinstating) DA1E
12.		ND DIRECTORS	13.	<del></del>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD CMITH MEDIC	[] C		TITLE	Change Addition
NAME	767 0 5 4771 07 4074			IAME	
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NAME			1	IAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP  14. I hereby certify that the information supplied with this filing does not qualify for the				emption state	od in Section 119 07(3)(i) Florida Statutes I further certify that the information
1. Indian's	orang their the information supplied	wan in its ming does no	domination rue ex	compaign state	so in coolers i in or copy, i oriou diaments. I direct coming that the short land of

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 oddress

**FILED** 

Jan 20 1998 8:00am

Secretary of State