

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

FILED  
Apr 14 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # S94221 (6)  
1. Corporation Name  
SMOOTH MOVES DJ'S INC.

Principal Place of Business 1120 SOUTH BY-PASS SUITE 1008M VENICE FL 34292	Mailing Address 1120 SOUTH BY-PASS SUITE 1008M VENICE FL 34292
---	---

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/14/1991	4. FEI Number 65-0297682	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 107 CORPORATION WAY Suite, Apt. #, etc. 22 SUITE C1001M City & State 23 VENICE, FLORIDA Zip 24 34292	2a. Mailing Address 26 107 CORPORATION WAY Suite, Apt. #, etc. 27 SUITE C1001M City & State 28 VENICE, FLORIDA Zip 29 34292
---	--

9. Name and Address of Current Registered Agent

ARTHUR, ADRIEN  
3908 78TH PLACE E.  
SARASOTA FL 34243

10. Name and Address of New Registered Agent

81 Name YVONNE A SAMPSON	82 Street Address (P.O. Box Number is Not Acceptable) 7462 WINCHESTER BLVD	83	84 City ENGLEWOOD	85 Zip Code FL 34224
-----------------------------	---	----	----------------------	-------------------------

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 Yvonne A Sampson YVONNE A SAMPSON  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

4-7-98  
DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAMPSON, JON R. II 7462 WINCHESTER BLVD ENGLEWOOD FL	<input type="checkbox"/> DELETE
--	---	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
--	--	---------------------------------

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
--	--	---------------------------------

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	---

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	---

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	---

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	---

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	---

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
--	---

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.

SIGNATURE: Jon R Sampson II JON R SAMPSON II 4-7-98 941-474-1744

CR2E034 (10/97)