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Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90032 029 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # V01044

Corporation Name
ATTORNEY ARTHUR B. SMITH, P.A.

Principal Place of Business
 915 MIDDLE RIVER DRIVE
 GALLERIA PROFESSIONAL BUILDING
 FT LAUDERDALE FL 33304

Mailing Address
 915 MIDDLE RIVER DRIVE
 GALLERIA PROFESSIONAL BUILDING
 FT LAUDERDALE FL 33304



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/18/1991

4. FEI Number

65-0300897

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

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

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, ARHTUR B
915 MIDDLE DRIVE
GALLERIA PROFESSIONAL BUILDING
FT LAUDERDALE FL 33304

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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 reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<p><input type="checkbox"/> DELETE</p> <p>D</p> <p>STREET ADDRESS SMITH, ARHTUR B 915 MIDDLE RIVER DRIVE FT LAUDERDALE FL</p>	<p>1.1 TITLE</p> <p>1.2 NAME</p> <p>1.3 STREET ADDRESS</p> <p>1.4 CITY-ST-ZIP</p>	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>	
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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 of Arthur B. Smith
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/99 954-564-8844
 Date Daytime Phone #

CR2E034 (11/98)