FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCL	IMENT	# \	/20937

(1)

1. Corporation Name

SMITH DESIGN GROUP, INC.

Principal Place of Busin	ness	Mailing Addre



2016 NE 29 S FT LAUDERD	ST ALE FL 33306	2016 NE 29 ST FT LAUDERDAL							
						3. Date Incorporated or Qualified 03/11/1992		e of Last F 5/01/19	
2. Principal Pla	ace of Business	2a, Mailing Addre	958			4. FEI Number			Applied For
11		26				65-0334419			Not Applicable
Suite, Apt #	≠, etc.	Suite, Apt. #,	etc.			5. Certificate of Status Desired		· -	5 Additional Required
City & State	,	City & State				Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
Zipi	Country 25	Zip 29	30	intry		8. This corporation has liability for Florida Statutes	intangible t	ax under s	199.032,
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New F	legistered	Agent	
				81	Name				
SMITH, (2016 NE	CHRISTOPHER C.			82	Street Add	tress (P.O. Box Number is Not Acceptab	ole)		
	DERDALE FL 33306			83					
				84	City		FL	85 Z	ip Code
SIGNATURE _	th, and accept the obligations of, Se Signature typed or protect runner of registers as	er flamo fille d'apple acie	0sOIL Regelese	1 A J- C1	s grad increqui	solvener to ristaling	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF			·
TITLE	PSO	☐ DELI						Change	Addition
NAME	SMITH, CHRISTOPHER C.		12 N						
STREET ADDRESS	2016 NE 29 ST				ADDRESS				
CITY - ST - ZIP	FT LAUDERDALE FL			HY-ST	- 21P				
TITLE	VT	☐ DELI						☐ Change	Addition
NAME	SMITH, SUSAN H		. 22N						
STREET ADDRESS	2016 NE 29 ST.	6			ADORESS				
CITY - ST - ZIP	FT. LAUDERDALE FL 3330	DELI		HY-SI	- ZIP			☐ Change	Add tion
TIBLE								спанде	☐ Maoritali
NAME OTOSCI ADDRESS			32 N		ADDRESS				
STREET ADDRESS									
CITY - ST - ZIP TITLE		DELL		HY-SI IIII 6	· Z1F			Change	Addition
NAME		F1 021	425						
STREET ADDRESS					ADDRESS [
CITY-ST-ZIP) IY - S1	į.				
THILE		□ DEL			- 1"			Change	Addition
NAMÉ			52 N						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP				:TY-\$1	-				
TITLE		DEL			*"	··· ··································		Change	Addit₂on
NAME			62 N						
STREET ADDRESS					ADDRESS				
					ĺ				
City-St-ZiP	w cedify that the information supplie	voi us that this filippa as maharit) Y-S		for the exemption stated in Section 119	07(3/h) E	Iorida Stat	dae I furthar

riso nevery certify that the information or supplies with this iming is voluntarily amisgine angetices not quarry for the exemption stated in Section 119.07(a)ry, frontal stattles. Further certify that the information indicated by this annual report or suppliemental around 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 preciping 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 or an artifactory of the area address.

SIGNATURE:

FFICER OF DIRECTOR