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

DOCUMENT # **V62466** **(0)**

1. Corporation Name

RON SMITH, P.A.

Principal Place of Business

12360-66TH STREET NORTH
LARGO FL 34643

Mailing Address

12360-66TH STREET NORTH
LARGO FL 34643

3. Date Incorporated or Qualified: 09/08/1992

3a. Date of Last Report: 01/20/1995

4. FEI Number: 59-3157933 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business

21 509 Main Street
22 Suite, Apt. #, etc.
23 Safety Harbor, FL
24 34695 25 Country: USA

2a. Mailing Address

26 509 Main Street
27 Suite, Apt. #, etc.
28 Safety Harbor, Fla.
29 Zip: 34695 30 Country: USA

9. Name and Address of Current Registered Agent

SMITH, RON
12360-66TH STREET NORTH
LARGO FL 34643

10. Name and Address of New Registered Agent

81 Name: Smith, Ron (address change)
82 Street Address (P.O. Box Number is Not Acceptable): 509 Main Street
83
84 City: Safety Harbor FL 85 Zip Code: 34695

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: [signature] Ron Smith Date: 1-22-96

12. OFFICERS AND DIRECTORS

D
SMITH, RON
12360-66TH STREET NORTH
LARGO FL
[ ] DELETE

[ ] DELETE

[ ] DELETE

[ ] DELETE

[ ] DELETE

[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

11 TITLE [X] Change [ ] Addition
12 NAME
13 STREET ADDRESS 509 Main Street
14 CITY-ST-ZIP Safety Harbor, Fla 34695

21 TITLE [ ] Change [ ] Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE [ ] Change [ ] Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE [ ] Change [ ] Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE [ ] Change [ ] Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE [ ] Change [ ] Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

CR2E034 (12/95)

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: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1-22-96 Daytime Phone #: 813-531-3435