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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600040663 1. Corporation Name

OBJECTSMITHS INC.

Principal Place of Business	Ma
4035 TANGLEWOOD EAST	323
SUITE 647	SUI
PALM BEACH GARDENS FL 33410	HÓ

FILED Mar 01, 1999 8:00 am Secretary of State 03-01-1999 90215 035 ***150.00



Principal Place	e of Business	Mailing Address												
4035 TANGLEW	OOD EAST	3231 ALLEN PKWY				ł								
SUITE 647	_	SUITE 4106			Į.	DO NOT WRITE IN THIS SPACE								
PALM BEACH C	GARDENS FL 33410	HOUSTON TX 77019	HOUSTON TX 77019			⊢	3. Date Incorporated or Qualifed							
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Suite, Apt.	#, etc.	Suite, Apr. #, etc. 27 STE 103				5	. Certif	fcate of Stat	us Desire	đ 🗆			Require	
22		City & State						5:				<u> </u>		
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Zip	25	29 77063 30	າ .		:·A	`		onal Propert		builent y		Yes	□N	. 1
24	9. Name and Address of Current		<u>'1 — , </u>			10		e and Addr	•	w Regis				1
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NUK	ALA, VENKATRAM S													
	TANGLEWOOD EAST		8	82 Street Add			(P.O. B	ox Number	s Not Acc	eptable)				
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										<u> </u>	FL	. از این از این از	is 11 19	4
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	2 and 607.1508, Florida Statutes, of Florida, Such change was auth	the abo orized b	ove-n	named (l corporation's l	on subn board of	nits this stat f directors. I	ement for hereby a	tne purp scept the	ose of c appoin	inanging i Itment as	ts regis registe:	red
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Florida	Statute	es.	, -				,				-	
SIGNATURE										,				\
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)										DATE ANI	D DIRECT	TOPS I	N 12
12.		ND DIRECTORS 13.				70	ווטטא	IONS/CHA	NGES TO	-OFFICE	NO AIN	Change		Addition
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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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 350

Jan. 23, 1999