


FILE NOW: FILING FEE IS \$61.25

FILED
Jul 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name SMPS Florida Chapter, Inc.			
Principal Place of Business		Mailing Address	
2. Principal Place of Business 21 2907 Bay to Bay Blvd. Suite, Apt. #, etc. 22 Suite 214 City & State 23 Tampa, Florida Zip 24 33629 Country 25 USA		2a. Mailing Address 26 2907 Bay to Bay Blvd. Suite, Apt. #, etc. 27 Suite 214 City & State 28 Tampa, Florida Zip 29 33629 Country 30 USA	
3. Date Incorporated or Qualified 8/26/1982		3a. Date of Last Report	
4. FEI Number 59-2648921		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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
		81 Name Pam Carman	
		82 Street Address (P.O. Box Number is Not Acceptable) 2907 Bay to Bay Blvd.	
		83 Suite 214	
		84 City Tampa	
		85 Zip Code FL 33629	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this annual report and certifies that the information contained herein is true and accurate and that its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors or by a resolution of the corporation's shareholders or members, and I, the undersigned, as registered agent, I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.			
SIGNATURE <i>Pamela Carman</i> 7000002351357 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 07/30/97 01014-016 ***\$1.25 July 21, 1997			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P <input checked="" type="checkbox"/> DELETE NAME ETHERIDGE, MARILYN K STREET ADDRESS 4902 EISENHOWER BLVD., SUITE 281 CITY-ST-ZIP TAMPA, FL		1.1 TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME CARMAN, PAM 1.3 STREET ADDRESS P.O. BOX 471028 (N/A) 1.4 CITY-ST-ZIP LAKE MONROE, FL 32747	
TITLE VP <input type="checkbox"/> DELETE NAME TREMEL, SUSAN G STREET ADDRESS 1715 N. WESTSHORE BLVD., SUITE 500 CITY-ST-ZIP TAMPA, FL		2.1 TITLE VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME JAMES, PAUL E 2.3 STREET ADDRESS 250 N. ORANGE STREET # 500 2.4 CITY-ST-ZIP ORLANDO, FL 32801	
TITLE T <input checked="" type="checkbox"/> DELETE NAME DRIGGERS, LAURIE M STREET ADDRESS 12220 49TH STREET N CITY-ST-ZIP CLEARWATER, FL		3.1 TITLE TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME GAINES, DOUG 3.3 STREET ADDRESS 2500 MAITLAND CENTER PKWY, STE 311 3.4 CITY-ST-ZIP MAITLAND, FL 32751	
TITLE S <input checked="" type="checkbox"/> DELETE NAME JAMES, PAUL E STREET ADDRESS 402 S NORTH LAKE BLVD. SUITE 1004 CITY-ST-ZIP ALTAMONTE SPRINGS, FL		4.1 TITLE SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME STOKES, SANDRA 4.3 STREET ADDRESS 320 E. SOUTH STREET 4.4 CITY-ST-ZIP ORLANDO, FL 32801	
TITLE D <input checked="" type="checkbox"/> DELETE NAME MEHLTRETTER, JAMES R STREET ADDRESS 245 BAYSHORE BLVD. CITY-ST-ZIP TAMPA, FL		5.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME ASHLOCK, JOY 5.3 STREET ADDRESS 1055 MAITLAND CENTER COMMONS BLVD. 5.4 CITY-ST-ZIP MAITLAND, FL 32751	
TITLE D <input checked="" type="checkbox"/> DELETE NAME HINGTGEN, CAROLE S. STREET ADDRESS 1717 SOUTH ORANGE AVENUE CITY-ST-ZIP ORLANDO, FL		6.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME DRIGGERS, LAURIE 6.3 STREET ADDRESS 12220 - 49th STREET, NORTH 6.4 CITY-ST-ZIP CLEARWATER, FL 34622	
14. I do 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <i>James R. Mehlretter</i>		7.8.97 813.835-6800 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR James R. Mehlretter			

CR2E037 (9/96)