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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G11571

(8)

SOUTHERN MANAGEMENT ASSOCIATES, INC.

Principal Place of Business Mail		Mailing Address		1 10 01411 0001 11001 11001 01111 19001 11	. Be Mallan Medit dimer dimer meder deste jame
759 PKWY, ST. Jupiter FL 33477		759 PKWY. ST. Jupiter FL 33477-4567			
				3. Date Incorporated or Qualified 11/24/1982	3a. Date of Last Report 03/01/1996
2. Principa! F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2390464	Not Applicable
Suite Apt 22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
·····		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	28	Country	Trust Fund Contribution	Added to Fees
24	25	Ζφ 29	30	This corporation has liability for Florida Statutes	r intangible tax under s. 199.032,
24	9. Name and Address of Currer		[30]	10. Name and Address of New R	
QT(en de des des des en en esta formation de la companya de la companya de la companya de la companya de la compa		81 Name		
STEVENS, SARAH S. 759 PKWY. ST.			200		
JUPITER FL 33477			82 Street	Address (P.O. Box Number is Not Accepta	able)
JUI	FILER I E 33477		63		
			-	,	
			84 City		FL 85 Zip Code
office or	to the provisions of Sections 607 050 registered agent, or both, in the State am familiar with, and accept the obligi	of Florida. Such change was	authorized by the corp	corporation submits this statement for the poration's board of directors. I hereby according to the control of the corporation	purpose of changing its registered ept the appointment as registered
SIGNATURE		1			
10	Stgrature, typed or printed rish e of registered age		TE: Registered Agent signature		DATE
12.	OFFICERS AN	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFF	Change Addition
NAME	PST Stevens, Sarah S.	Emil Detect			C change C Addition
	759 PKWY. ST.		1.2 NAME		
STREET ADDRESS CITY ST-7IP	JUPITER FL		1.3 STREET ADDRESS		
100F	D	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	STEVENS, ROBERT C., JR.	Emp	2.2 NAME		oldings
STREET ADDRESS	759 PKWY. ST.		2.3 STREET ADDRESS		
C(CY+S1+7)P	JUPITER FL		2. 4 CITY-ST-ZIP		
101		☐ DELETE	3.1 TITLE		. Change Addition
HAME	1		3.2 NAME		
STREET ACHIRESS	1		3.3 STREET ADDRESS		
CHTY+SI+7/P			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME	,		4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CHY-SI-ZF			4.4 CITY-ST-ZIP		
Tille		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CI1Y-S1-200			5.4 CITY-ST-ZIP		
THILE		☐ DEL€TE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
PHT (2) 340	1		■ 0 + 0 T + 0 T - 0 T -		

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:



3-8-97

56/ 746-7946

FILED

Mar 11 1997 8:00am

Secretary of State