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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H61840

1. Corporation Name
S. M. & L., INC.

Principal Place of Business	Mailing Address
5910 MARINA DR HOLMES BEACH FL 34217 US	5910 MARINA DR HOLMES BEACH FL 34217 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/13/1985

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-2620463 ☐ 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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MARQUIS, WAYNE H.
5910 MARINA DR
HOLMES BEACH FL 34217

10. Name and Address of New Registered Agent

81 Name: ZILMA M. CATANESE
82 Street Address (P.O. Box Number is Not Acceptable)
83: 5910 MARINA DRIVE
84 City: HOLMES BEACH FL 85 Zip Code: 34217

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: Zilma M. Catanese President DATE: 4/21/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MARQUIS, WAYNE H.		1.2 NAME	
STREET ADDRESS	50 N. SHORE DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	ANNA MARIA FL		1.4 CITY-ST-ZIP	
TITLE	DV	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DUNCAN, JUDITH J.		2.2 NAME	
STREET ADDRESS	246 WILLOW AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	ANNA MARIA FL		2.4 CITY-ST-ZIP	
TITLE	DS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CATANESE, ZILMA M.		3.2 NAME	
STREET ADDRESS	8503 10TH AVE NW		3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL		3.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, CAROL R.		4.2 NAME	
STREET ADDRESS	609 FOXWORTH		4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLMES BCH. FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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: Zilma M. Catanese SIGNATURE REQUIRED — 4/9/99 — 941-778-0777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)