

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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90122 041 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H91084

1. Corporation Name

S M N C CORP.



Principal Place of Business 11 SENECA RD SEA RANCH LAKES FL 33308	Mailing Address 11 SENECA RD SEA RANCH LAKES FL 33308
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/19/1985		4. FEI Number 59-2626172		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21 1700 S. Ocean Blvd.	2a. Mailing Address 26 1700 S. Ocean Blvd.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Suite, Apt. #, etc. 22 Cristelle 2-B	Suite, Apt. #, etc. 27 Cristelle 2-B	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees
City & State 23 Pompano Beach, FL	City & State 28 Pompano Beach, FL	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Zip 24 33062	Country 25	Zip 29 33062	Country 30	

9. Name and Address of Current Registered Agent FRANZ, SANDRA J 11 SENECA RD SEA RANCH LAKES FL 33308		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	1700 S. Ocean Blvd.
		83	Cristelle 2-B
		84 City	Pompano Beach
		85 State	FL
		Zip Code	33062

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANZ, MANFRED	1.2 NAME	
STREET ADDRESS	11 SENECA RD.	1.3 STREET ADDRESS	1700 S. Ocean Blvd.
CITY-ST-ZIP	SEA RANCH LAKES FL	1.4 CITY-ST-ZIP	Pompano Beach, FL 33062
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALE CHARLES S	2.2 NAME	
STREET ADDRESS	414 NE 4 ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANZ, SANDRA J.	3.2 NAME	
STREET ADDRESS	11 SENECA ROAD	3.3 STREET ADDRESS	1700 S. Ocean Blvd.
CITY-ST-ZIP	SEA RANCH LAKES FL	3.4 CITY-ST-ZIP	Pompano Beach, FL 33062
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Sandra J. Franz* **SANDRA J. FRANZ** *1/02/99* **1/02/99** *(954) 786-1714* **(954) 786-1714**

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