


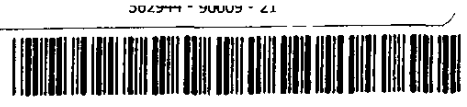
**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90091 050 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000042654**

1. Corporation Name  
**S&M VISIONS, INC.**



Principal Place of Business 4801 LINTON BLVD #11A-206 DELRAY BEACH FL 33445	Mailing Address 4801 LINTON BLVD #11A-206 DELRAY BEACH FL 33445
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
 05/11/1998 *65-0837854*

4. FEI Number  
~~60-00-193919-206~~

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

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

9. Name and Address of Current Registered Agent

**JAHN, MARY**  
 4801 LINTON BLVD #11A-206  
 DELRAY BEACH FL 33445

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	<b>P MARY JAHN</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>4801 LINTON BLVD, #11A-206</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>DELRAY BEACH, FL 33445</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>V STIVEN MCCAUGHEY</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>4801 LINTON BLVD, #11A-206</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>DELRAY BEACH, FL 33445</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>S ANTHONY MCCAUGHEY</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>4081 NE 15TH TERR</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33334</b>
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 119.0713(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: *Mary Jahn* Date: *4/25/99* Daytime Phone #: *561-637-3633*

CR2E034 (1/98)