	FILE !	NOW: FILING FEE	AFTE	R MAY 1 I	S \$	225	.0	00						
PROFIT CORPORATION ANNUAL REPORT 1996				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF COHPORATIONS										
	OCUM		7	(5)										
1.	Corporation No	SMAN PANEL CORPORAT	ION											
Pr	incipal Place of	Business	Mai	Ing Address									JURIU DIRII I	UISII: 100i
9605 N.W. 79TH AVE #29 HIALEAH FL 33016				9605 N.W. 79TH AVE #29 HIALEAH FL 33016										
										<ol> <li>Date Incorporated or Qualified 06/28/1968</li> </ol>	3a. [	Date of Last 05/23/		
2.	Principal Place	e of Business	2a.	Mailing Address			_			4. FEI Number			Applied	
21	,		26							59-1278998	<u>-</u>	<u> </u>		plicable
22	Suite, Apt. #,	etc.	27	Suite, Apt. #, etc.						5. Certificate of Status Desired		Fe	<b>5</b> Addit e Require	ed
	City & State		28	City & State						<ol><li>Election Campaign Financing Trust Fund Contribution</li></ol>			00 May ded to Fe	
23	Zıp	Country		Zip Co			ountry			8. This corporation has liability f	or intangib	le tax under	s 199.0	32,
24	<u> </u>	25 29 30 30 9. Name and Address of Current Registered Agent				<del>Г</del>				10. Name and Address of Nev	/ Register	ed Agent		
1	9636 N. MIAMI S	OP JR, ROY, E. 5TH AVENUE ROAD SHORES FL 33138 the provisions of Sections 607.0501 d agent, or both, in the State of Flor					83 84	City		ion submits this statement for the	relivos A	f changing if	Zip Code is register red agent	red office
	familiar with	a agent, or both, in the State of Flor , and accept the obligations of, Sec	Lon 607.	Joon, Florida Statute	ro .								7	
	SIGNATURE , .	goal in typed or printed name of registers Juges			FILE FE	gsteet A	Á, je nit	ज्याम तो तस रहे	ejune la	ADDITIONS/CHANGES TO C	DA DEFICERS		TORS IN	112
-	12.	OFFICERS AN	AD DIREC	DELETE		13. 1 1 T/3	LF			ADDITIONS/OF MINOLOTICS	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Chang		Add tion
ì	TILE	PD MCKILLOP JR., ROY			1	1.2 NAI		İ						
1	IAME STREET ADDRESS	9636 N.E. 5TH AVE. RD.				1.3 \$16	1338	ADDRESS						
1 -	CITY-ST-ZIP	MIAMI SHORES FL				1.4 OIT	Y - S	r - ZIP						A 115
-	TITLE	D		☐ DELETE		2 1 111	TLE					☐ Chan	ie 🗀	Add tion
1	NAME	WOODWARD, RAY				2.2 NA								
;	STREET ADDRESS	5001 S.W. 172ND AVE.						ADCRESS						
	CITY-ST-ZIP	FT. LAUDERDALE FL		DELETE		240H 3.1 h		1 - 21P				☐ Chan	ge 🔲	Addition
	TITLE NAME	S MCKILLOP, LINDA				3 2 NA		ļ	,					
-1	STREET ADDRESS	9636 N.E. 5TH AVE. RD.				33 S1	THEE'	RESECTA						
- 1	CITY - ST - 7IP	MIAMI SHORES FL				3 4 C1	IY-S	1 - 246				<u> </u>		Addition
$\vdash$	TITLE	D		☐ DELETE		4 1 T		İ				Char	åe □	Addition
	NAME	MCKILLOP, LINDA				4 2 NA								
1	STREET ADDRESS					4.3 STREET ADDRESS								
-	CITY-ST-ZIP	MIAMI SHORES FL		☐ DELETE		4.4 C(TY - S1 - ZIF 5.1 TITLE			<del>                                     </del>			☐ Char	ige 🔲	Addition
1	TITLE			L.I Decem		5 2 N		ļ						
	NAME STREET ADDRESS							LADORESS						
	CITY-ST-ZIP					1		S1 - ZIP						1.1.1.00
-	TITLE			☐ DELETE		6 1 1	ITLE					☐ Cha	nge 📋	Addition
1	MAME					6 2 N	AME							

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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 certify that I am an officer or director of this corporation or true 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:

SIGNATURE:

SIGNATURE OF PRINTED AME OF SIGNING OFFICER OR DIRECTOR

Duty.

Chapter 607, Florida Statutes, I further certified and and does not quality for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further certified and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this filing is voluntarily furnished and accurate and that my signature shall have the same legal effect as if further certified under that my signature shall have the same legal effect as if further certified under certify that the information indicated on this simulation of the corporation or true receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, I further certified under the corporation or true receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, I further certified under the corporation or true receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, I further certified under the corporation or true receiver or trustee empowered to execute this report is true and accurate and accurate an

6.3 STREET ADDRESS

64 CITY - ST - ZIP

NAME

STREET ADDRESS