

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Stern Secretary of State DIVISION OF CORPORATIONS
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FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

95 MAY 1 10 05

**DOCUMENT # 464768 (1)**

1. Corporation Name  
**S.M. INC. OF LEE COUNTY**

Principal Place of Business <b>2431 CRYSTAL DRIVE #B                  FT. MYERS FL 33907</b>	Mailing Address <b>2431 CRYSTAL DRIVE #B                  FT. MYERS FL 33907</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/08/1974</b>		3a. Date of Last Report <b>05/23/1994</b>	
2. Principal Place of Business 21 <b>5780 YOUNGQUIST RD.</b> Suite, Apt. #, etc 22 <b>#4</b> City & State 23 <b>FT. MYERS, FL</b> Zip Country 24 <b>33912</b> 25		2a. Mailing Address 26 <b>5780 YOUNGQUIST RD.</b> Suite, Apt. #, etc 27 <b>#4</b> City & State 28 <b>FT. MYERS, FL</b> Zip Country 29 <b>33912</b> 30	
4. FEI Number <b>59-1780775</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 198.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>MUNIZZI, SALVATORE                  965 WITTMAN DR                  FT MYERS FL 33919</b>				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P O Box Number is Not Acceptable)	
83				84 City	
				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 \_\_\_\_\_ (Print name of person named as registered agent and the date thereon) \_\_\_\_\_ (Print Name and Address of Registered Agent) \_\_\_\_\_ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<b>MUNIZZI, SALVATORE</b>	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MUNIZZI, SALVATORE</b>	12 NAME	
STREET ADDRESS	<b>965 WITTMAN DR</b>	13 STREET ADDRESS	
CITY, ST, ZIP	<b>FT MYERS FL</b>	14 CITY, ST, ZIP	
TITLE		21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY, ST, ZIP		24 CITY, ST, ZIP	
TITLE		31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

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 110.07(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 oath. That I am an officer or director of the corporation or a 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 of this report or on an amendment with an address.

SIGNATURE: *Salvatore Munizzi* **SALVATORE MUNIZZI** 5/7/95 8/3 275-6004  
 (Print Name and Address of Signing Officer or Director)