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

**PROFIT** CORPORATION ANNUAL REPORT

1997

S.M., INC. OF LEE COUNTY

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 464768

(1)

## **FILED** Apr 28 1997 8:00am Secretary of State

State   Stat	Principal Place of Business Mailing Address										
11/08/1974   08/13/1996   22   28   28   39   30   59   1780775   25   180	FT. MYERS FL		STE 4 FT. MYERS FL 33912	FT. MYERS FL 33912							
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27		t #, etc.		***************************************		<del></del>					
City & State  28  29  20  20  20  20  20  20  20  20  20	22		27								
Zp	City & Sta	ate	<u>├</u> ─┐ ′ ′	}-¬ '`			, , , , , , , , , , , , , , , , , , ,				
28	7(1)	Country		T Coun	trv						
9. Name and Address of Current Registered Agent MUNIZZI, SALVATORE B. 985 WITTMAN DR FT MYERS FL 33919  82 Sirvel Address (P.O. Box Number is Not Acceptable)  83 Name 84 City FL 85 Zip Code 85 Zip Code 867 0502 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its regist 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 or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register agent and rannar with, and accept the objection 607 0505. Florida Statutes.  SIGNATURE SIGNATURE Signature typed of previous accept the supplications of Section 607 0505. Florida Statutes.  OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PMUNIZZI, SALVATORE 905 WITTMAN DR 1 STREET ADDRESS 017 ST.2P  MUNIZZI, SALVATORE 905 WITTMAN DR 1 STREET ADDRESS 017 ST.2P  DELETE 1 LACTIV-ST.2P  DELETE 2 STREET ADDRESS 017 ST.2P  DELETE 3 STREET ADDRESS 017 ST.2P  DELETE 4 STREET ADDRESS 017 ST.2P  DELETE 5 STREET ADDRESS 018 ST.2P  1 DELETE 5 STREET ADDRESS 019 ST.2P  1 DELETE 5 STREET ADDRESS 5 S		}	·1	<del></del>	,		· · ·			s. 199.032,	
WINTERS FL 33919    B2   Street Address (P.O. Box Number is Not Acceptable)		······································	ırrent Registered Agent				10. Name and Address of New Re	gistered	Agent	,	
## City ## Cit				18	31	Name	·				
B3   P4   City   FL   P5   City   FL   P5   Zip Code	l .			E	32	Street Addre	ess (P.O. Box Number is Not Acceptab	le)			
1. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing its registed agent 1 and familiar with, and accept the obligations of, Section 607 0505, Florida Statutes, the above-hamed corporation's board of directors. I hereby accept the appointment as registed agent 1 and familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.    SIGNATURE	ri i	MTERS FL 33919		Ì	33		. ,				
1. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing its registed agent 1 and familiar with, and accept the obligations of, Section 607 0505, Florida Statutes, the above-hamed corporation's board of directors. I hereby accept the appointment as registed agent 1 and familiar with, and accept the obligations of, Section 607 0505, Florida Statutes.    SIGNATURE									***		
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 register agent and farminar with, and accept the obligations of, Section 607 0505. Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TILL NAME  MUNIZZI, SALVATORE  985 WITHMAN DR  11 STREET ADDRESS  CITY-SE-7P  TILL DELETE  11 TITLE  MUNIZZI, SALVATORE  985 WITHMAN DR  11 STREET ADDRESS  CITY-SE-7P  TILL DELETE  11 TITLE  12 NAME  22 NAME  12 STREET ADDRESS  CITY-SE-7P  TILL DELETE  11 TITLE  12 NAME  22 NAME  13 STREET ADDRESS  CITY-SE-7P  TILL DELETE  31 TITLE  14 Change  ACTIVES - 2P  TITLE  14 CHANGES  ACTIVES - 2P  TITLE  15 Change  ACTIVES - 2P  TITLE  16 Change  ACTIVES - 2P  TITLE  17 TITLE  18 Change  ACTIVES - 2P  TITLE				8	34	City		FL	. 85 Zip	Code	
SIGNATURE	oltice or	registered agent, or both, in the \$	State of Florida. Such change was	authorized	by	the corporati	pration submits this statement for the pon's board of directors. I hereby accep	urpose o	f changing i pointment as	its registered registered	
Separative provided represent degreed and live or applications   CNTE Registered Agent apprature recipited when reinstalling    DATE	"	ani familiar with, and accept the c	obligations of, Section 607.0505, F	Plorida Statu	tes.	•					
12.	SIGNATURE	Signature: typed or printed harne of registers	ed agent and tibe d applicable. (NC	TE: Registered A	Agen	nt signature require	d when reinstating)	DATE		·	
NAME   SREET ADDRESS   SWITTMAN DR	12.							ERS AND	) DIRECTO	RS IN 12	
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CHY-SI-2F 64 CHY-SI-2P 64 CHY-SI-2P 100 CHY-	CITY - \$1 - 20F	ah and the the of the of the	enting rules this filter at an art	6.4 City	(- ST	r-ZIP	in Castion 110 07/0Vit Florida Statute	n t direb -	r oortif , the	tho.	
14. I do 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 supplymental annual report is true and accurate and that my signature shall have the same legal effect as if made under oat I am an officer or director of the corporation of the duceiver or trustee employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or or fin attachment with an address.	informat Lam an	ion indicated on this armual report officer or director of the corporation	or supplemental annual report is on of heruceiver or trustee emp	true and ac	CCUI	rate and that ute this report	my signature shall have the same legal as required by Chapter 607, Florida S	l effect a tatutes; a	s if made un ind that my	nder oath; that name	