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

PROFI1 CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

## 1996

693886 DOCUMENT #

SMS MANAGEMENT COMPANY, INC.

Principa!	Place -	of	Business



riincipa: riace	O Business	Maining Address							
7901 4TH ST. ST PETERSBL	N #104 JRG FL 33702	7901 4TH ST, N #104 ST PETERSBURG FL 33	3702						
					<ol> <li>Date Incorporated or Qualified 07/09/1981</li> </ol>	3a. Date of L 05/01,			
2. Principal Pla	2. Principal Place of Business 2a. Mailing Addre		\$		4. FEI Number	Applied For			
21	JAME is where 26		fund as about		59-2104303		Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required			
City & State		City & State			Flection Campaign Financing     Trust Fund Contribution	S5.00 May Be Added to Fees			
Z(p <b>24</b>	Country 25	Ζιρ <b>29</b>	Count 30	ry	<ol> <li>Inis corporation has lability for intangible tax under s 199.032, Florida Statutes Y Yes ☐ No</li> </ol>				
	g. Name and Address of Current	Registered Agent			10. Name and Address of New R	egistered Ager	it		
			6	1 Name					
STEFANOS, MARIE C. 9600 FOURTH STREET NORTH			8	82 Street Address (P.O. Box Number is Not Acceptable)					
	ERSBURG FL 33702		E	3					
			8	4 City		FL 8	Zip Code		
11. Pursuant t	to the provisions of Sections 607.0502 red agent, or both, in the State of Horid	and 607,1508, Florida Statut a. Such change was authoriz	es, the above red by the co	Ie.named corpor rooralion's boa	ration submits this statement for the pur and of directors. I hereby accept the appo	pose of changin pointment as regis	g its registered office stered agent. I am		
familiar wi	th, and accept the obligations of, Section	n 607.0505, Florida Statutes	ş. ´	'	, , , , ,	-	,		
SIGNATURE		And the state of t	sa redo ma		and the desired and the same of the same o	DATE			
12.	Signature, typed or printed forms of registered agent a OF FICERS AND	and the second of the second o	13.	gent signature require	ADDITIONS/CHANGES TO OFF		ECTORS IN 12		
TITLE	D	[] DELETE	1. 1 Till	F	ADDITIONS OF ANALOTO OF				
NAME	STEFANOS, STEVEN	٠	1.2 NAM			-			
STREET ADDRESS	7901 4TH ST. N.			EL ADDRESS					
CITY-ST-ZIP	ST PETERSBERG FL		li li	- ST-ZIP					
TITLE	PD	[ ] DELETE	2 1 TITL			Cr	ange [] Addition		
NAME	STEFANOS, MARIE C		2.2 NAM	IE I		_			
STREET ADDRESS	7901 4TH ST. N.		2.3 STR	EL ADDRESS					
CITY-ST-ZIP	ST PETERSBERG FL			- ST-7IP					
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STREET ADDRESS			3.3. STH	EFF ADDRESS					
CITY-ST-ZIP			3.4 C/TY	-ST-7(P					
TITLE		[] DELETE	4. 1 1170			C) C	ange 🔲 Addition		
NAME			4.2 NAM	IE					
STREET ADDRESS			4 3 \$ I R	FT ADDRESS					
CITY-ST-7IP			4.4 CITY	- ST- ZIP					
TITLE		DELETE	5 1 TITI	E		CI CI	ange 🔲 Addition		
NAME			5 2 NAM	16					
STREET ADDRESS			5.3 STR	EET ADDRESS					
CITY-ST-ZIP			5.4 CITY	'-ST-ZIP					
TITLE		DELETE	6 1 TIT	.E		Ct	nange 🔲 Addition		
NAME			6.2 NAM	'E					
STREET ADDRESS	}		63 S1R	ELL ADDRESS					
CITY-ST-ZIP				- S1-2IP			·· <del>·</del> ···		
14. I do heret	by certify that the information supplied w	ith this filing is voluntarily furr	nished and d	oes not qualify t	for the exemption stated in Section 119	07(3)(k), Florida	Statutes. I further		

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 oath; that I am an officer or director of the corporation of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapged, or on any all activities with an address.

IGNATURE:

| SIGNATURE | SIGNATURE AND TYPEGOR PRINTED KAME OF SIGNING OFFICER OR DIRECTOR | December 1997 | December 1997

SIGNATURE: