

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F45031 (4)**

1. Corporation Name
SMMB, INC.



Principal Place of Business: **11893 N.W. 27TH STREET C/O MICKEY BERK CORAL SPRINGS FL 33065**
Mailing Address: **11893 N.W. 27TH STREET C/O MICKEY BERK CORAL SPRINGS FL 33065**

3. Date Incorporated or Qualified: **09/17/1981**
3a. Date of Last Report: **02/16/1995**
4. FEI Number: **59-2123564**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-sections for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

**BERK, MICKEY
11893 N.W. 27TH STREET
CORAL SPRINGS FL 33065**

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: *Berk Mickey BERK* 3/14/96 NA
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's name is required when resigning.) DATE

12. OFFICERS AND DIRECTORS

TITLE	VAS	<input type="checkbox"/> DELETE
NAME	BERK, MAUREEN	
STREET ADDRESS	11893 NW 27TH ST	
CITY - ST - ZIP	CORAL SPRINGS, FL 00000	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BERK, WILLIAM B	
STREET ADDRESS	8687 W 102ND TERR	
CITY - ST - ZIP	OVERLAND PARK, KA 00000	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	BERK, MICKEY	
STREET ADDRESS	11893 NW 27TH ST	
CITY - ST - ZIP	CORAL SPRINGS, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERK, SUSAN K	
STREET ADDRESS	8687 W 102ND TERR	
CITY - ST - ZIP	OVERLAND PARK, KA 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	
1 3 STREET ADDRESS	
1 4 CITY - ST - ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	
2 3 STREET ADDRESS	
2 4 CITY - ST - ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	
3 3 STREET ADDRESS	
3 4 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
6 4 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 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 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.

SIGNATURE: *Berk Mickey BERK* 3/14/96 954-943-2780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY/MO/PHONE #

CR2E034 (12/95)