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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

F45031

(4)

	SMMB, INC.	
-	Principal Place of Business	Mailing Address
	11893 N.W. 27TH STREET C/O MICKEY BERK CORAL SPRINGS FL 33065	11893 N.W. 27TH STREET C/O MICKEY BERK CORAL SPRINGS FL 33065
-	2. Principal Place of Business	2a. Mailing Address
	Suite, Apt. #, etc.	Suite, Apt. #, etc.
Γ	City & State	City & State

28

FILED Jan 15 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

Applied For

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

Date Incorporated or Qualified
 09/17/1981
 FEI Number

59-2123564

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Zip		Country	Zip	Cai	intry	īy		8. This corporation owes or has paid the current year Intangible					
24	25 29 30						Personal Property Tax due June 30. Yes No						
·	New Registered	Agent											
E	BERK, MICK	(EY		81	Name								
11000 BLW OTHE CEDEET						82 Street Address (P.O. Box Number is Not Acceptable)							
CORAL SPRINGS FL 33065					oz oneet Address (F.O. box Number is Not Acceptable)								
COTTAL OF THROOF I E 00000													
					84	City			FL	85	Zip C	ode	
11. Pursuant	to the provis	ions of Sections 607,0502 a	ind 607,1508, Florida	Statutes, the a	bove bove	-named	corpor	ration submits this statement	for the purpose of	t chanc	ina 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													
Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating)									DATE				
12.		OFFICERS AND I		13.				ADDITIONS/CHANGES T	O OFFICERS AND				
TITLE	VAS		∐ DELE							L Chi	ange	☐ Addition	
NAME	BERK, MAUREEN			1,2 N		į							
STREET ADDRESS		NW 27TH ST		1.3 \$		ADDRESS							
CITY-ST-ZIP	CORAL SPRINGS FL				TY-SI	- ZIP				——————————————————————————————————————			
TITLE	ST		☐ DELE							⊥ Cha	ange	Addition	
NAME	,	, WILLIAM B		2.2 N	AME								
STREET ADDRESS		W 102ND TERR		2.3 \$7	REET	ADDRESS							
CITY - ST - ZIP	OVERLAND PARK KA					T - ZIP						,	
TITLE	DP		☐ DELE	TE 3.1 TI	TLE					☐ Cha	ange	Addition	
NAME	BERK,	MICKEY		3.2 N	ME								
STREET ADDRESS	11893	NW 27TH ST		3.3 S	REET A	ADDRESS							
CITY-ST-ZIP	CORA	L SPRINGS FL		3,4, C	ΠY-S	r-ZIP							
TITLE	D		☐ DELE	TE 4.1 Ti	TLE	ĺ				Cha	ange	Addition	
NAME	BERK, SUSAN K			4, 2 NA									
STREET ADDRESS	8687 \	W 102ND TERR		4.3 \$1	REET A	ADDRESS							
CITY - ST - ZIP	OVERI	LAND PARK KA		4.4 CI	TY-ST	-ZIP							
TITLE			DELE	TE 5.1 TI	TLE.					☐ Cha	inge	■ Addition	
NAME				5.2 N/	ME								
STREET ADDRESS				5.3 \$1	REET /	ADDRESS							
CITY-ST-ZIP				5.4 Cl	TY-ST	- ZIP							
TITLE			☐ DELE	TE 6.1 ΤΓ	ΓLE					☐ Cha	inge	☐ Addition	
NAME				6.2 NA	ME								
STREET ADDRESS				6.3 \$1	REET A	ADDRESS							
CITY - ST - ZIP				6.4 ÇI	TY-ST	- ZIP							
14. I hereby	certify that the	e information supplied with	this filing does not qu	alify for the exe	mpti	on state	d in Se	ection 119.07(3)(i), Florida St	atutes. I further ce	rtify tha	t the i	nformation	
indicated officer or	on this annu director of th	ai report or supplemental at e corporation or the receive	nnuai report is true at ir or trustee empower	na accurate and red to execute t	tna his re	ı my sigr eport as	nature : require	shall have the same legal ef ed by Chapter 607, Florida S	rect as if made un statutes; and that r	ider oat ny nam	n; that e app	ı am an ears in	
Block 12	or Block 13 ii	f changed, or on an attachn	nent with an address.				, -1		_ / 4	5Y .		,	
CICALAT	une.	- IV N	HUN.	ZOLIDI	- -	1		9/1/9	14 %	12/	21	180	
SIGNAT		-/- 11/2		_	L	J.		ו ועוו	/) <i>(</i> (4)	~ < ~		- 1	