

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

FILED
Feb 27, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F45031

1. Corporation Name
SMMB, INC.



Principal Place of Business

~~11893 N.W. 27TH STREET~~
C/O MICKEY BERK
CORAL SPRINGS FL ~~33065~~

33071

Mailing Address

~~11893 N.W. 27TH STREET~~
C/O MICKEY BERK
CORAL SPRINGS FL ~~33065~~

33071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/17/1981

4. FEI Number
59-2123564

Applied For
Not Applicable

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 owes the current year intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BERK, MICKEY
~~11893 N.W. 27TH STREET~~ 11919 Eagle trace Blvd N.
CORAL SPRINGS FL 33065
33071

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VAS DELETE
NAME BERK, MAUREEN
STREET ADDRESS ~~11893 NW 27TH ST~~
CITY-ST-ZIP CORAL SPRINGS FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS 11919 Eagle trace Blvd N.
1.4 CITY-ST-ZIP Coral Springs, FL 33071

TITLE ST DELETE
NAME BERK, WILLIAM B
STREET ADDRESS 8687 W 102ND TERR
CITY-ST-ZIP OVERLAND PARK KA

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DP DELETE
NAME BERK, MICKEY
STREET ADDRESS ~~11893 NW 27TH ST~~
CITY-ST-ZIP CORAL SPRINGS FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS 11919 Eagle trace Blvd N.
3.4 CITY-ST-ZIP Coral Springs, FL 33071

TITLE D DELETE
NAME BERK, SUSAN K
STREET ADDRESS 8687 W 102ND TERR
CITY-ST-ZIP OVERLAND PARK KA

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)