

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

FILED

Mar 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F68015

(9)

1. Corporation Name

SMF ASSOCIATES, INC.

Principal Place of Business

6520 S.W. 7TH STREET
MARGATE FL 33068

Mailing Address

6520 S.W. 7TH STREET
MARGATE FL 33068-1516



2. Principal Place of Business

21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address

26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29

3. Date Incorporated or Qualified

02/12/1982

3a. Date of Last Report

02/27/1996

4. FEI Number

59-2276728

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MCQUAIDE, JOHN C.
6520 S.W. 7TH STREET
MARGATE FL 33317

10. Name and Address of New Registered Agent

81 Name

Margaret McQuaide

82 Street Address (P.O. Box Number is Not Acceptable)

6520 SW 7th St.

83

84 City

Margate FL 33317 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 the applicable

(NOTE: Registered Agent signature required when reinstating)

2/20/97
DATE

OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	MCQUAIDE, JOHN C.	
STREET ADDRESS	6520 S.W. 7TH STREET	
CITY - ST - ZIP	MARGATE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BARONE, VINCENT J.	
STREET ADDRESS	4 DIXON TERRACE	
CITY - ST - ZIP	KINNELON NJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	TREASURER
23 STREET ADDRESS	Margaret McQuaide
24 CITY - ST - ZIP	6520 SW 7th St Margate FL 33317
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

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 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 or changed, or on an attachment with an address.

SIGNATURE:

John C. McQuaide
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PRES 2/5/97
Date Daytime Phone #

CR2E034 (9/96)