

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

15 \$225.00

FILED
Mar 12 1997 8:00am
Secretary of State



DOCUMENT # F93000005588 (9)

1. Corporation Name

SM-FLORIDA OF MD, INC.

Principal Place of Business

Mailing Address

**351 6TH AVENUE WEST
BRADENTON FL 34205
US**

**351 6TH AVENUE WEST
BRADENTON FL 34205
US**

3. Date Incorporated or Qualified
12/09/1993

3a. Date of Last Report
05/16/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARRISON, G J
1206 MANATEE AVE., W.
BRADENTON FL 34205**

81 Name

82 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 registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCD	☐ DELETE
NAME	NEWSOME, JOHN	
STREET ADDRESS	351 6TH AVE W	
CITY-STATE-ZIP	BRADENTON FL 34205	
TITLE	VST	☐ DELETE
NAME	DOYLE, MICHAEL	
STREET ADDRESS	351 6TH AVE W	
CITY-STATE-ZIP	BRADENTON FL 34205	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONAL OFFICERS AND DIRECTORS	☐ Change ☐ Addition
1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

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-03/13/97--01024--023
*****165.00**

SIGNATURE: X

[Signature]

Michael J. Doyle V.P.

3-5-97

3-12-97