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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G57848** (5)

1. Corporation Name
S. M. S. R., INC.



Principal Place of Business

12230 BEAR CLAW LOOP
%STEPHAN C. REUSCHEL
BOYONET POINT FL 34667

Mailing Address

12230 BEAR CLAW LOOP
%STEPHAN C. REUSCHEL
BOYONET POINT FL 34667

2. Principal Place of Business

21 **18738 BASCOMB LN**

2a. Mailing Address

26 **18738 BASCOMB LN**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 **HUDSON FL.**

27 City & State

28 **HUDSON FL.**

24 Zip **34667**

Country

29 Zip **34667**

Country

9. Name and Address of Current Registered Agent

REUSCHEL, STEPHAN C.
12230 BEAR CLAW LOOP
BAYONET POINT 34667

10. Name and Address of New Registered Agent

81 Name **REUSCHEL STEPHAN C.**
82 Street Address (P.O. Box Number is Not Acceptable)
18738 BASCOMB LN
83
84 City **HUDSON** FL 85 Zip Code **34667**

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

TITLE ☐ DELETE
NAME **D REUSCHEL, STEPHAN C.**
STREET ADDRESS **12230 BEAR CLAW LOOP**
CITY-ST-ZIP **BAYONET PT, FL**

TITLE ☐ DELETE
NAME **PST REUSCHEL, STEPHAN C.**
STREET ADDRESS **12230 BEAR CLAW LOOP**
CITY-ST-ZIP **BAYONET PT FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **D REUSCHEL Stephan**
1.3 STREET ADDRESS **18738 BASCOMB LN**
1.4 CITY-ST-ZIP **HUDSON FL. 34667**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **PST REUSCHEL Stephan**
2.3 STREET ADDRESS **18738 BASCOMB LN**
2.4 CITY-ST-ZIP **HUDSON FL. 34667**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

6.1 TITLE ☐ Change ☐ 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, plus an attachment with an address.

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

17 APR 11 23. 76 (813) 863 1544

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