

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90097 016 \*\*\*150.00

DOCUMENT # G95547

1. Corporation Name  
SMG CORPORATION

Principal Place of Business  
711 EAST COLONIAL DRIVE  
ORLANDO FL 32803-4604

Mailing Address  
711 EAST COLONIAL DRIVE  
ORLANDO FL 32803-4604

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/10/1984

4. FEI Number

59-2402675

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

2a. Mailing Address

21 235 Promenade Circle  
Suite, Apt. #, etc.

26 235 Promenade Circle  
Suite, Apt. #, etc.

22 City & State

23 Heathrow, Fl

24 Zip Country  
32746 USA

27 City & State

28 Heathrow, Fl

29 Zip Country  
32746 USA

9. Name and Address of Current Registered Agent

HARTOG, ALBERT G.  
709 EAST COLONIAL DRIVE  
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name

Luis A. Gonzalez

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

135 West Central Blvd.

83 Suite 480

84 City

Orlando

FL

85 Zip Code  
32801

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

2-2-99

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME GORDON, ROBERT  
STREET ADDRESS 711 EAST COLONIAL DRIVE  
CITY-ST-ZIP ORLANDO FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME Robert Gordon  
1.3 STREET ADDRESS 235 Promenade Circle  
1.4 CITY-ST-ZIP Heathrow, Fl 32746

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

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

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

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

6.1 TITLE  
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 #

2/2/99 407-304-4755

CR2E034 (11/98)