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

Ellen M & Eller

Apr 21 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** (0) H69706 SMI TOOL & DIE, INC. Principal Place of Business Mailing Address *** ELLEN ELLERY * ELLEN ELLERY** 305 CLEARLAKE ROAD 305 CLEARLAKE ROAD DO NOT WRITE IN THIS SPACE **COCOA FL 32922 COCOA FL 32922** 3. Date Incorporated or Qualified 08/05/1985 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-2600167 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Zip Country Zip Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes □ No 24 29 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 **ELLERY. ELLEN 305 CLEARLAKE ROAD** 82 Street Address (P.O. Box Number is Not Acceptable) COCOA FL 32922 83 B4 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 (NOTE: Registered Agent signature required when reinstaling) Signature, typed or printed name of registered agent and title if applicable DATE CR2E034 (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE NAME 1.2 NAME ELLERY, ARTHUR J. STREET ADDRESS 305 CLEARLAKE ROAD 1.3 STREET ADDRESS CITY - ST - ZIP COCOA FL 1.4 CITY-ST-ZIP TITLE DELETE 21 THILE Change ___ Addition **ELLERY, ELLEN** 22 NAME STREET ADDRESS 305 CLEARLAKE ROAD 23 STREET ADDRESS COCOA FL CITY: ST- ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME **ELLERY, ARTHUR JOHN** 3.2 NAME STREET ADDRESS 305 CLEARLAKE RD 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP COCOA FL DELETE Change ___ Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-7IP 5.4 CITY-ST-ZIP DELETE Change Addition TIFLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP 4. I hereby certify that the information supplied with this filling 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.

Ellen M. Ellery

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4-14-98 407-632-6200