

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J45002** (9)

1. Corporation Name

S M M INSURANCE, INC.



Principal Place of Business

**455 DOUGLAS AVE
SUITE 2255-D
ALTAMONTE SPRINGS FL 32714
US**

Mailing Address

**455 DOUGLAS AVE
SUITE 2255-D
ALTAMONTE SPRINGS FL 32714
US**

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

Zip

Country

Country

24

29

30

9. Name and Address of Current Registered Agent

**MILLER, STEPHANIE M
445 DOUGLAS AVE
#2205K
ALTAMONTE SPRINGS FL 32714**

3. Date Incorporated or Qualified
12/01/1986

3a. Date of Last Report
04/26/1995

4. FEI Number

59-2740269

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

10. Name and Address of New Registered Agent

81. Name

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

83

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1502, 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 607.0545, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of President or Secretary

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
PD	MILLER, STEPHANIE M.	455 DOUGLAS AVE. #2255-D	ALTAMONTE SPRINGS FL	
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	☐ Change ☐ Addition
1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	☐ Change ☐ Addition
3. TITLE	3. NAME	3. STREET ADDRESS	3. CITY-STATE-ZIP	☐ Change ☐ Addition
4. TITLE	4. NAME	4. STREET ADDRESS	4. CITY-STATE-ZIP	☐ Change ☐ Addition
5. TITLE	5. NAME	5. STREET ADDRESS	5. CITY-STATE-ZIP	☐ Change ☐ Addition
6. TITLE	6. NAME	6. STREET ADDRESS	6. CITY-STATE-ZIP	☐ Change ☐ Addition

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)(b), 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 person or trustee or partner 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.

SIGNATURE:

Stephanie M. Miller, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/96 (101) 682 4779
Date Signature

CR2E034 (12/95)