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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

K39024

(0)

S M D ENTERPRISES, INC.

FILED Apr 10 1998 8:00am Secretary of State



Principal Place of Business Mailing Address										
	R TREE PLAC	E	1312 PE	1312 PEPPER TREE PL						
ROCKLEDGE FL 32955 US				ROCKLEDGE FL 32955 US				DO NOT WRITE IN THIS SPACE		
			US					3. Date Incorporated or Qualified		
								<u>'</u>		
2. Principal F	Place of Busi	ness	2e Mailir	ng Andress				10/17/1988 4. FEI Number Applied For		
	lade of Basi	11000	26					1.47.000		
Suite, Apt.	# etc.			Suite, Apt. #, etc.				59-2920309 Not Applicable \$8.75 Additional		
22	., 0.0.		├ ─¬	27				5. Certificate of Status Desired Fee Required		
City & Stat	te '			City & State						
23			F	28				6. Flection Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
	Zip Country			Z _I p Cou				8. This corporation owes or has paid the current year Inlangible		
24	25		29			,		Personal Property Tax due June 30. Yes No		
	9. Name	and Address of Curre		Agent	1001			10. Name and Address of New Registered Agent		
DE	-			· 		B1	Name			
DECOLA, S. MICHAEL 1312 PEPPER TREE PL										
	CKLEDGE					82	Street A	Address (P.O. Box Number is Not Acceptable)		
ן היי	VUNLEUGE	1 L 32833				83				
					1					
						84	City	FL 85 Zip Code		
44 Purcusal	to the provie	sione of Sections 607.05	02 and 607 150	9 Elorido Ptatu	too the ab		nomod.			
office or r	registered ag	gent, or both, in the State	e of Florida. Suc	ch change was	authorized	by	the corp	poration's board of directors. I hereby accept the appointment as registered		
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	Clanatura tura	or printed name of registered ag	and and the Tables		II Decision			s required when reinstaing) DAN		
12.	Oldinatore types	·· · · · · · · · · · · · · · · · · · ·	ND DIRECTORS		13.	Ago	ili signadie i	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P				1.1.10	ı F		Change Addition		
NAME	DECOL	A, S.MICHAEL		_	1.2 NA					
STREET ADDRESS		EPPER TREE PL					ADDRESS			
CITY-ST-ZIP		EDGE FL								
TITLE	VTS	LUCETE		DELETE	1.4 CH 2.1 TH		1.516	Change Addition		
NAME		A, SHARON ANN		22 NA				E. Johango E. Monton		
STREET ADDRESS		EPPER TREE PLACE					ADDRESS			
	BOOM FOR PI			1						
CITY-ST-ZIP TITLE	M	COE FL		DELETE		2. 4 CITY-ST-7IP 3.1 TIBLE		∑ Change ☐ Addition		
NAME	1)RD, GLENDON E		_		3.2 NAME		Change Change		
								549 WA/NUT DRIVE		
STREET ADDRESS	AFT DALIDAGE EL							07/ VOMPINI DIVIO		
CITY-ST-ZIP TITLE	MELDO	VNINE FL		DELETE	3.4. CIT 4.1 TITI		1-ZIP	Change Addition		
				ma percet				Li Cirange: L.j Addition		
NAME					4. 2 NA					
STREET ADDRESS					1		ADDRESS			
CITY-ST-ZIP	-		 	DELETE	4.4 CIT		· ZIP	Charac Addition		
TITLE				L.J DELETE	5.1 Titl			L. Change L. Addition		
NAME					5 2 NAI					
STREET ADDRESS							ADDRESS			
CITY-ST-ZIP		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		T process	5 4 CIT		I-ZIP			
TITLE				☐ DELETE	6 1 7111		1	Change Addition		
NAME					6.2 NAM	NE				
STREET ADDRESS					6.3 STF	REETA	ADDRESS			
CITY-ST-ZIP	L	 			6.4 CIT	Y-\$1	- ZIP			
		and the second s	241 41 2 2 4 4					11 0 0 140 0000000 51 11 0 11 0 11 11 11 11		

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 eath, 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 attack right an address.

1/2/10

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