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Mar 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K48545

(3)

1. Corporation Name
SMP & ASSOCIATES, INC.



Principal Place of Business

C/O STEPHEN M. PLATT
2221 N. 50TH AVENUE
HOLLYWOOD FL 33021

Mailing Address

C/O STEPHEN M. PLATT
2221 N. 50TH AVENUE
HOLLYWOOD FL 33021-4045

3. Date Incorporated or Qualified
12/01/1988

3a. Date of Last Report
04/05/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number
65-0095928

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

9. Name and Address of Current Registered Agent

PLATT, STEPHEN M.
2221 N. 50TH AVENUE
HOLLYWOOD FL 33021

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 607.0502 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 understand and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE S
2. NAME PLATT, STEPHEN M.
3. STREET ADDRESS 2221 N. 50TH AVE.
4. CITY- ST- ZIP HOLLYWOOD FL
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY- ST- ZIP
9. TITLE
10. NAME
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100. CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE P, T, S, D
2. NAME
3. STREET ADDRESS
4. CITY- ST- ZIP
5. TITLE
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100. CITY- ST- ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STEPHEN M. PLATT
PRES. 3/17/97 (954) 989-9331

CR2E034 (9/96)