

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K61558** (8)

1. Corporation Name

SMG MANAGEMENT COMPANY

Principal Place of Business

Mailing Address

**2717 W. CYPRESS CREEK ROAD
2717 W. CYPRESS CREEK ROAD
FT. LAUDERDALE FL 33309**

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2717 W. CYPRESS CREEK ROAD
FT. LAUDERDALE FL 33309**



2. Principal Place of Business		2a. Mailing Address	
21	1475 W. Cypress Creek Road	26	1475 W. Cypress Creek Road
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	Suite 204	27	Suite 204
City & State		City & State	
23	Ft. Lauderdale, Fl.	28	Ft. Lauderdale, FL.
Zip	Country	Zip	Country
24	33309 USA	29	33309 USA
30	USA		

3. Date Incorporated or Qualified	3a. Date of Last Report
01/27/1989	03/28/1995
4. FEI Number	Applied For
65-0133970	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THIRER, MARTIN
2717 W. CYPRESS CREEK ROAD
SUITE 200
FT. LAUDERDALE, FL 33309**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
1475 W. Cypress Creek Road	
83	Suite 204
84	City
Ft. Lauderdale,	FL
85	Zip Code
33309	

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's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDING, STEPHEN M.	1.2 NAME	
STREET ADDRESS	159 S.W. 100 TERR.	1.3 STREET ADDRESS	1101B Highland Beach Drive
CITY- ST- ZIP	CORAL SPRINGS FL	1.4 CITY- ST- ZIP	Highland Beach, FL. 33487
TITLE	VPT	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDING, DEENA G.	2.2 NAME	
STREET ADDRESS	159 S.W. 100 TERR.	2.3 STREET ADDRESS	1101B Highland Beach Drive
CITY- ST- ZIP	CORAL SPRINGS FL	2.4 CITY- ST- ZIP	Highland Beach, FL. 33487
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY- ST- ZIP		3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

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)(k), 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

3-22-96

954-772-7878

Date

Daytime Phone #

CR2E034 (12/95)