

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K85661 (2)**

1. Corporation Name  
**STRESS MANAGEMENT INTERNATIONAL, INC.**



Principal Place of Business: **633 VIRGINIA DRIVE BRADENTON FL 34205 US**  
Mailing Address: **C/O W. M. SMILEY JR. 4275 34TH STREET, SOUTH, SUITE 333 ST. PETERSBURG FL 33711 US**

3. Date Incorporated or Qualified: **05/04/1989**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business  
21 **4905 34TH STREET SOUTH**  
Suite, Apt. #, etc.  
22 **SUITE 5900**  
City & State  
23 **ST. PETERSBURG, FL**  
Zip Country  
24 **33711** 25 **U.S.A.**  
2a. Mailing Address  
26 **4905 34TH STREET SOUTH**  
Suite, Apt. #, etc.  
27 **SUITE 5900**  
City & State  
28 **ST. PETERSBURG, FL**  
Zip Country  
29 **33711** 30 **U.S.A.**

4. FEI Number: **65-0129483**  
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

**CAPITAL CONNECTION INC.  
417 E. VIRGINIA ST.  
STE 1  
TALLAHASSEE FL 32301**

*William Vismack*

10. Name and Address of New Registered Agent

81 Name: **NAMACK WILLIAM H. III**  
82 Street Address (P.O. Box Number is Not Acceptable): **1800 2ND STREET**  
83 **SUITE 855**  
84 City: **SARASOTA, FL FL** 85 Zip Code: **34236**

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: *William H. Namack* DATE: **4/20/96**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SMILEY, WILLIAM MCKINLEY</b>	
STREET ADDRESS	<b>4275 34TH STREET SOUTH, SUITE 333</b>	
CITY - ST - ZIP	<b>ST. PETERSBURG FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>SMILEY JR., WILLIAM MCKINLEY</b>	
1.3 STREET ADDRESS	<b>4905 34TH STREET SOUTH SUITE 5900</b>	
1.4 CITY - ST - ZIP	<b>ST. PETERSBURG, FL. 33711</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *William H. Namack* DATE: **4/24/96** 813 344 8678

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #

CR2E034 (12/95)