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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # K85661

STRESS MANAGEMENT INTERNATIONAL, INC.

FILED Apr 20 1998 8:00am Secretary of State



						
Principal Plac	### Address #### Address #### Address #### Address ##### Address ##################################					
SUITE 5900	NIDO E1 00714		44		DO NOT WRITE IN THIS SPACE	
US US	UNG PL 33/11		11			
•		33			1 7	
2. Principal P	lace of Business	2n. Mailing Address			44/4 // · 4 =	
		·			1 1 1 1 1 1 1 1 1 1	
Suite, Apt	#, etc.	Suite, Apt. #, etc.			SR 75 Addition	
22		27			5. Certificate of Status Desired Fee Required	
City & Stat	e	City & State	-		6. Election Campaign Financing \$5.00 May B	
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Count	у	8. This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Property Tax due June 30. Yes No	
	g, Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registered Agent	
NA	MACK, WILLIAM H		8	1 Name		
	00 2ND STREET		8:	Street Add	dress (P.O. Box Number is Not Acceptable)	
	NTE 855) Surceivida	Silect Address (1.0. Box Humber is Hot Acceptable)	
SARASOTA FL 34236			8	3		
			8	4 City	85 Zip Code	
			*	I City	FL 85 Zip Code	
12.	Signature, typed or printed name of registered OFFICERS A	agent and title if appricable. (NOTE AND DIRECTORS	Registered A	gent signature requi	used when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D OFFICERS A	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	SMILEY, WILLIAM M JR		1.2 NAM(1		
STREET ADDRESS	4905 34TH STREET SOUTH	4 STF 5000		ET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	1012 0000	1.4 CiTY			
TITLE	OTT LIETUDONO TE	DELETE	2.1 TITLE		☐ Change ☐ A	
NAME	İ		2.2 NAMI	<u>.</u>		
STREET ADDRESS			2.3 STRE	ET ADDRESS		
CITY-ST-ZIP			2.4 CITY	- ST - ZIP		
TITLE		DELETE	3.1 TITLE		☐ Change ☐ A	
NAME			3.2 NAMI	:		
STREET ADDRESS			3.3 STRE	ET ADDRESS		
CITY-ST-ZIF			3.4. CITY	-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change A	
NAME			4. 2 NAM	E		
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY	·ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ A	
NAME			5.2 NAM	:		
STREET ADORESS			53 STRE	et address		
CITY-ST-ZIF			5.4 CITY			
TITLE	1	DELETE	6 1 TITLE		☐ Change ☐ A	
NAME			6.2 NAM	į .		
STREET ADDRESS			6.3 STRE	ET ADDRESS		
CITY-ST-ZIF	1		6.4 CITY	-ST-ZIP		

14. 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.

april 13, 1998 (813)8668746