

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **L36293** (3)

1. Corporation Name
SMITH DAIRY MANAGEMENT CORP.

Principal Place of Business Mailing Address
C/O JOSHUA A. MUSS **C/O JOSHUA A. MUSS**
11781 LEE JACKSON MEMORIAL HWY STE 320 **11781 LEE JACKSON MEMORIAL HWY STE 320**
FAIRFAX VA 22033 **FAIRFAX VA 22033-3309**

FILED
Apr 02 1997 8:00am
Secretary of State



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt #, etc.		26 Suite, Apt #, etc.		12/14/1989		04/22/1996	
22 City & State		27 City & State		4. FEI Number		Applied For	
23 Zip		28 Zip		58-1879582		Not Applicable	
24 Country		29 Country		5. Certificate of Status Desired		8.75 Additional Fee Required	
25		30		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

MUSS JOSHUA A
8311 BOB-O-LINK DR
W PALM BCH FL 33412

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
85 Zip Code	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	MUSS, JOSHUA A.	1.2 NAME	
STREET ADDRESS	8311 BOB-O-LINK DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	
NAME	DENNEN, MARVIN	2.2 NAME	
STREET ADDRESS	11781 LEE JACKSON MEM HWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFAX VA	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	
NAME	WEBBER, DAVID F.	3.2 NAME	
STREET ADDRESS	8290 BOB-O-LINK DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PLAM BEACH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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 unchanged, or on an attachment with an address.

SIGNATURE: **MARVIN L. DENNEN, TREASURER** Date: **3/25/97** Daytime Phone #: **(703) 591-1881**

CR2E034 (9/96)