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FILED
May 12 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N03799 (6)
1. Corporation Name
SMH SERVICES, INC.



Principal Place of Business Mailing Address
C/O CORPORATE ACCOUNTING C/O ACCOUNTING SERVICES
1700 SOUTH TAMiami TRAIL 1700 SOUTH TAMiami TRAIL
SARASOTA FL 34239 SARASOTA FL 34239
US

3. Date Incorporated or Qualified

06/20/1984

4. FEI Number

59-2515855

Applied For

Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COVERT, MICHAEL H.
1700 SOUTH TAMiami TRAIL
SARASOTA FL 34239

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME MOSS, MARTIN
STREET ADDRESS 1535 HARBOR PLACE
CITY-ST-ZIP SARASOTA FL

1.1 TITLE ST ☒ Change ☐ Addition
1.2 NAME Moss, Martin
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE STD ☐ DELETE
NAME HERBERT, ROBERT P
STREET ADDRESS 1921 FLOYD STREET
CITY-ST-ZIP SARASOTA FL

2.1 TITLE C ☒ Change ☐ Addition
2.2 NAME Herbert, Robert P
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE P ☐ DELETE
NAME COVERT, MICHAEL H.
STREET ADDRESS 1700 S. TAMiami TRAIL
CITY-ST-ZIP SARASOTA FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE CD ☐ DELETE
NAME PHILLIPS, GERALD M
STREET ADDRESS 825 S TAMiami TRAIL
CITY-ST-ZIP VENICE FL

4.1 TITLE D ☒ Change ☐ Addition
4.2 NAME Phillips, Gerald M
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VCD ☐ DELETE
NAME SHRODER, MICHAEL M
STREET ADDRESS 1435 S TAMiami TRAIL
CITY-ST-ZIP SARASOTA FL

5.1 TITLE D ☒ Change ☐ Addition
5.2 NAME Shroder, Michael M
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME NOVAK, RUSSELL M
STREET ADDRESS 1921 WALDERMERE STREET, #705
CITY-ST-ZIP SARASOTA FL

6.1 TITLE D ☐ Change ☒ Addition
6.2 NAME Shapiro, Gary
6.3 STREET ADDRESS 1700 S. Tamiami Trail
6.4 CITY-ST-ZIP Sarasota, FL

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Michael H. Covert

041-017-2498

CR2E037 (10/97)