SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE; \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N95000003525 (1) DOCUMENT #

7 IA

9, Name and Address of Current Registered Agent

Country

25

SANOREZ, ROBERTO

MIAMI FL 33126

SIMON, JAMES L

P.O. BOX 9107 N/A

KIEY WEST FL 33041

KEY WEST FL 33040

 $iY_1 u \kappa \kappa \sim$

LOCKWOOD, ROBIN M.D.

1111 12TH STREET, SUITE 112

760 N.W. LEJEUNE ROAD, SUITE 616

SMG ASSOCIATES, INC.

2. Principal Place of Business

SIMON-JAMES K-

5900 COLLEGE ROAD KEY WEST FL 33040

Wes7

1111 12 14

Suite Apt. #, etc.

210

City & State

KEY

SIGNATURE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY - ST - ZIF

CITY-ST-ZIP

12.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

23

Principal Place of Business	Mailing Address	
5900 COLLEGE HOAD KEY WEST FL 33040	5900 COLLEGE ROAD KEY WEST FL 33040	À

Mailing Address

Suite, Apt. #, etc.

23045

DELETE

DELETÉ

DELETE

DELETE

DELETE

DELETE

City & State

KEU

29

me of registered agent and title if applicable

OFFICERS AND DIRECTORS

P.O. Box 5361

Wes7

FIA

U5A

Roberto

Country

82

83 84 City

13.

11 TITLE

1.2 NAME

2.1 TITLE

2.2 NAME

3.1 TITLE

3.2 NAME

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

1.3 STREET ADDRESS

2.3 STREET ADDRESS

3.3 STREET ADDRESS

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

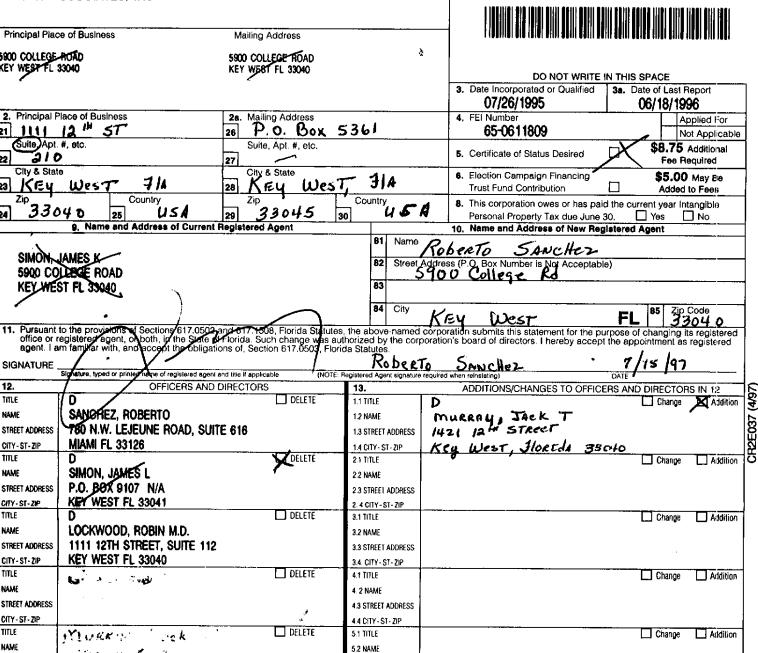
5.4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

2. 4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

FILED Sep 22 1997 8:00am Secretary of State



Change

Addition

CITY-ST-ZIP does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the noual report is true and execute and that my signature shall have the same legal effect as if made under oath; that report is true to execute this report as required by Chapter 617, Florida Statutes; and that my name nor with an address. 14. I do hereby certify that the information supplied with this filin Information indicated on this annual report of am an officer or director of the corporation appears in Block 12 or Block 13 if change