


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).

FILED  
Sep 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000003525 (1)**

1. Corporation Name

**SMG ASSOCIATES, INC.**

Principal Place of Business

Mailing Address

**5900 COLLEGE ROAD  
KEY WEST FL 33040**

**5900 COLLEGE ROAD  
KEY WEST FL 33040**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/26/1995**

3a. Date of Last Report

**06/18/1996**

2. Principal Place of Business

**21 1111 12<sup>th</sup> ST**

2a. Mailing Address

**26 P.O. Box 5361**

Suite, Apt. #, etc.

**22 210**

Suite, Apt. #, etc.

**27**

City & State

**23 KEY WEST FL**

City & State

**28 KEY WEST, FL**

Zip

**24 33040**

Country

**25 USA**

Zip

**29 33045**

Country

**30 USA**

4. FEI Number

**65-0611809**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐ **\$5.00 May Be  
Added to Fees**

Trust Fund Contribution

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

**SIMON, JAMES K  
5900 COLLEGE ROAD  
KEY WEST FL 33040**

10. Name and Address of New Registered Agent

81 Name

**Roberto Sanchez**

82 Street Address (P.O. Box Number is Not Acceptable)

**5900 College Rd**

83

84 City

**Key West**

**FL**

85 Zip Code

**33040**

11. Pursuant to the provisions of Sections 617.0502 and 617.1308, 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

**Roberto Sanchez**

**7/15/97**

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D  
NAME  
SANDEZ, ROBERTO  
STREET ADDRESS  
780 N.W. LEJEUNE ROAD, SUITE 616  
CITY-ST-ZIP  
MIAMI FL 33126**

TITLE ☒ DELETE

**D  
NAME  
SIMON, JAMES L  
STREET ADDRESS  
P.O. BOX 9107 N/A  
CITY-ST-ZIP  
KEY WEST FL 33041**

TITLE ☐ DELETE

**D  
NAME  
LOCKWOOD, ROBIN M.D.  
STREET ADDRESS  
1111 12TH STREET, SUITE 112  
CITY-ST-ZIP  
KEY WEST FL 33040**

TITLE ☐ DELETE

**D  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**MURRAY, JACK  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

**D  
1.2 NAME  
MURRAY, JACK T  
1.3 STREET ADDRESS  
1421 12<sup>th</sup> STREET  
1.4 CITY-ST-ZIP  
Key West, Florida 33040**

2.1 TITLE ☐ Change ☐ Addition

**2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP**

3.1 TITLE ☐ Change ☐ Addition

**3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP**

4.1 TITLE ☐ Change ☐ Addition

**4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP**

5.1 TITLE ☐ Change ☐ Addition

**5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP**

6.1 TITLE ☐ Change ☐ 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE SIGNATURE REQUIRED

CR2E037 (4/97)