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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000003525

1. Corporation Name  
SMG ASSOCIATES, INC.

Principal Place of Business  
1111 12TH ST  
210  
KEY WEST FL 33040  
US

Mailing Address  
P.O BOX 5301  
KEY WEST FL 33045  
US

5 9 8 2 2 9  
590229 - 90004 - 35



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
07/26/1995

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
65-0611809

Applied For  
Not Applicable

23 City & State

28 City & State  
MIAMI BEACH, FL

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

24 Zip Country

29 Zip Country  
33141 USA

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANCHEZ, ROBERTO  
5900 COLLEGE RD  
KEY WEST FL 33040

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

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE  DELETE  
NAME D MURRAY, JACK T  
STREET ADDRESS 1421 12TH STREET  
CITY-ST-ZIP KEY WEST FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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

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

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: *Robin Lockwood*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DATE 7-7-99  
Daytime Phone #

CR2E037 (1/198)

0025210