

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 14 1997 8:00am
Secretary of State

DOCUMENT # 096000000142

1. Corporation Name
Smorgan, Inc

Principal Place of Business Mailing Address

24246 Harborview Rd.
Charlotte Harbor, FL 33980

| | |
|--|--------------------------------|
| 3. Date Incorporated or Qualified 11/3/96 | 3a. Date of Last Report |
| 4. FEI Number 45-0631727 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 24 Country | 29 Country |
| 25 | 30 |

9. Name and Address of Current Registered Agent

Elizabeth Morgan
24246 Harborview Rd.
Charlotte Harbor, FL 33980

10. Name and Address of New Registered Agent

| |
|---|
| 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: Elizabeth Morgan 24246 Harborview Rd Charlotte Harbor 5/9/97
Signature (Typed or printed name of registered agent and title) (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|--|
| TITLE | Pres. Director <input type="checkbox"/> DELETE |
| NAME | Robert Swan |
| STREET ADDRESS | 24246 Harborview Rd |
| CITY-ST-ZIP | Charlotte Harbor, FL 33980 |
| TITLE | OFFICER <input type="checkbox"/> DELETE |
| NAME | Elizabeth Morgan |
| STREET ADDRESS | 24246 Harborview Rd |
| CITY-ST-ZIP | Charlotte Harbor, FL 33980 |
| TITLE | OFFICER <input type="checkbox"/> DELETE |
| NAME | Donna LeDoux |
| STREET ADDRESS | 923 Roseway |
| CITY-ST-ZIP | Port Charlotte FL 33948 |
| TITLE | EDWARD Powers <input checked="" type="checkbox"/> DELETE |
| NAME | EDWARD Powers |
| STREET ADDRESS | 22181 Riverhead Ave. |
| CITY-ST-ZIP | Port Charlotte FL 33945 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | OFFICER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Donna LeDoux |
| 1.3 STREET ADDRESS | 923 Roseway |
| 1.4 CITY-ST-ZIP | Port Charlotte FL 33940 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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5/10/97

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: Elizabeth Morgan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97 941-255-5551
Date Daytime Phone #

CR2E037 (9/96)