

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P39433** (8)
1. Corporation Name
SMI HOLDINGS INC.

Principal Place of Business
**P.O. BOX 1659
INVERNESS FL 34451-1659
US**

Mailing Address
**P.O. BOX 1659
INVERNESS FL 32651**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/26/1992	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**PETRACH, PATRICIA M
2461 EAST GULF-TO-LAKE HIGHWAY
INVERNESS FL 34451-1659**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	DP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWNES, NICHOLAS J	1.2 NAME	
STREET ADDRESS	10057 TWELVE OAKS CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEEKWACHEE FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETRACH, PATRICIA M.	2.2 NAME	
STREET ADDRESS	18331 HANCOCK BLUFF RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	DADE CITY FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, THEODORE C.	3.2 NAME	
STREET ADDRESS	551 FIFTH AVE STE 3800	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLEIN, ROBERT	4.2 NAME	
STREET ADDRESS	551 FIFTH AVE STE 3800	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GASPAR, ANDREW	5.2 NAME	
STREET ADDRESS	787 FIFTH AVE STE 4200	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NJ	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRONSON, THOMAS E. SR.	6.2 NAME	
STREET ADDRESS	24060 DEER RUN RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE FL	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT

3/17/98

CR2E034 (10/97)