

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

FILED

Feb 10, 1999 8:00am
Secretary of State

02-10-1999 90035 043 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P39433

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

3. Date Incorporated or Qualified

06/26/1992

4. FEI Number

NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

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 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
NAME DOWNES, NICHOLAS J
STREET ADDRESS 10057 TWELVE OAKS CT
CITY-ST-ZIP WEEKIWACHEE FL

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

☐ Change ☐ Addition

TITLE S
NAME PETRACH, PATRICIA M.
STREET ADDRESS 18331 HANCOCK BLUFF RD
CITY-ST-ZIP DADE CITY FL

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

☐ Change ☐ Addition

TITLE D
NAME ROGERS, THEODORE C.
STREET ADDRESS 551 FIFTH AVE STE 3800
CITY-ST-ZIP NEW YORK NY

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

☐ Change ☐ Addition

TITLE D
NAME KLEIN, ROBERT
STREET ADDRESS 551 FIFTH AVE STE 3800
CITY-ST-ZIP NEW YORK NY

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

☐ Change ☐ Addition

TITLE D
NAME GASPAR, ANDREW
STREET ADDRESS 767 FIFTH AVE STE 4200
CITY-ST-ZIP NEW YORK NJ

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

☐ Change ☐ Addition

TITLE D
NAME BRONSON, THOMAS E. SR.
STREET ADDRESS 24060 DEER RUN RD
CITY-ST-ZIP BROOKSVILLE FL

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

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

Patricia M. Petrach

Patricia M. Petrach

1/21/99

(352) 726-1071

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)