

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED

90 JUL 12 PM 2:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P92000008601

1. Corporation Name

SMS CRIB + CRADLE, INCORPORATED

Principal Place of Business

2750 Flightline Ave  
Bldg 262  
Sanford FL 32773

Mailing Address

2750 Flightline Ave  
Bldg 262  
Sanford FL 32773

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/02/1992

4. FEI Number

59-3154574

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

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

Meyers, Wayne  
2750 Flightline Ave.  
Bldg 262  
Sanford FL 32773

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

TITLE D  
NAME Meyers, Wayne  
STREET ADDRESS 2750 Flightline Ave, Bldg 262  
CITY-ST-ZIP SANFORD FL 32773

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

100002940381  
-07/23/99--01079--007  
\*\*\*\*\*150.00 \*\*\*\*\*150.00

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: Wayne R. Meyers Wayne R. Meyers 6/28/99 407-323-8980

CR2E034 (11/98)



# *Creative Cribs*

*"Safe Cribs for Hotels and Daycare"*

June 19, 1999

To Whom It May Concern:

Over the last year and a half there has been a slow but steady deterioration in this office. Until recently this had been blamed on the ill health of my assistant & other outside causes. In early March, the office computer crashed and all accounts payable and accounts receivable were lost. On investigation of this situation I discovered that my assistant had only been able to perform the most basic aspects of her job and had been hiding files, notices and work for well over a year to cover up her inability to perform.

My assistant's illness, both physical and, as I recently learned, emotional, has caused great harm, not only to my business, but to her family as well.

I am enclosing the appropriate forms and where called for, any monies due. In some cases these forms were late last year also. I hope that you will see fit, under the circumstances, to excuse us from any penalties.

Because of my findings, I have been forced to let my assistant go and to hire a new assistant with the understanding, that this type of behavior will not be repeated and that we will have to be more than diligent in the future.

I thank you in advance for your understanding. If you have any questions, please call me at 407-869-5747.

Sincerely

*Wayne A. Meyer*  
President

WAM:fl

c.c. City of Sanford  
H.W. "Bill" Suber, Cty Appraiser  
Department of State