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FILED

Feb 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000012327 (1)

1. Corporation Name

S.M.P. INVESTMENTS, INC.



Principal Place of Business

499 LAKE DOE BLVD.  
APOPKA FL 32703

Mailing Address

499 LAKE DOE BLVD.  
APOPKA FL 32703-5000

3. Date Incorporated or Qualified

02/11/1993

3a. Date of Last Report

04/17/1996

2. Principal Place of Business

21 930 EVE ST

Suite, Apt. #, etc

22

City & State

23 DELRAY BEACH, FL

Zip

24 33483

Country

25 USA

2a. Mailing Address

26 930 EVE ST

Suite, Apt. #, etc

27

City & State

28 DELRAY BEACH, FL

Zip

29 33483

Country

30 USA

4. FEI Number

59-3163636

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

POE, RALPH  
499 LAKE DOE BLVD.  
APOPKA FL 32703

10. Name and Address of New Registered Agent

81 Name

POE, STEVEN

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

930 EVE ST

83

84 City

DELRAY BEACH

FL

85 Zip Code

33483

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

*Steven M. Poe*

STEVEN M. POE, PRES.

2/11/97

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME POE, RALPH  
STREET ADDRESS 499 LAKE DOE BLVD.  
CITY - ST - ZIP APOPKA FL 32703

☒ DELETE

TITLE D  
NAME POE, STEVEN M  
STREET ADDRESS 5355 TOWN CENTER RD. SUITE 1100  
CITY - ST - ZIP BOCA RATON FL 33486

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐

Change

☐

Addition

2.1 TITLE P/D  
2.2 NAME POE, STEVEN M.  
2.3 STREET ADDRESS 930 EVE ST  
2.4 CITY - ST - ZIP DELRAY BEACH, FL 33483

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Change

☐

Addition

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

☐

Change

☐

Addition

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

☐

Change

☐

Addition

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

☐

Change

☐

Addition

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

☐

Change

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Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with a address.

SIGNATURE:

*Steven M. Poe*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEVEN M. POE

2/11/97

561/276-0043

Date

Daytime Phone #

CR2E034 (9/96)