## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996
DOCUMENT #
1. Corporation Name

P93000019757 (2)

S-MACHINE, IN	IC.
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Principal Place of Business

Mailing Address

17190 FRONT BEACH ROAD PANAMA CITY BEACH FL 32413 17190 FRONT BEACH ROAD PANAMA CITY BEACH FL 32413



								3, Date Incorporated or Qualified 03/12/1993	3a. Date	of Last <b>5/01/</b> 1	•	
2. Principal Pla	ice of Business		28.	Mailing Address				4, FEI Number			Applied For	
21			26					59-3180932		L_	Not Applicable	
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.			5, Certificate of Status Desired			8.75 Additional Fee Required		
City & State			28	City & State				Election Campaign Financing     Trust Fund Contribution			.00 May Be ded to Fees	
Z(p 24	25	Country	29	Zıp	30	ntry		8. This corporation has liability for Florida Statutes   Yes	ntangible ta	x under	s 199.032,	
	9. Name an	d Address of Curre	nt Regis	tered Agent				10. Name and Address of New F	egistered /	Agent		
						81	Name					
HESS, BRIAN D						82	Street Addre	et Address (P.O. Box Number is Not Acceptable)				
	ONT BEACH	ROAD		82 Stre		Oli bot Addito	33 ( 10. 20. 10. 10. 10. 10. 10. 10. 10. 10. 10. 1	,				
	A CITY BEAC					83						
T Patrair	TOTT DENO	1112 02401				84	City		FL	85	Zip Code	
or registere familiar with SIGNATURE	ed agent, or bot h, and accept ti	h, in the State of Flor	rida. Such ction 607.	i change was authoriz 0505, Florida Statutes	zed by the d s.	corpx	oration's board	ation submits this statement for the pui d of directors. Thereby accept the app	DATE	register	ed agent. I am	
12.	Signature, Typed or pr	OFFICERS AN			13.		. ug wood aquine	ADDITIONS/CHANGES TO OFF		DIREC	TORS IN 12	
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NAME	SKEEN. J	ERRY K		_	1.2 N/	4ME						
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JINEET ADDITESS					,							
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 it 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 Book 12 if changed, or on an attachment with an address.

SIGNATURE:

MIGNATURE AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-96 904-2346770