FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P94000092363 (8)

1. Corporation Name

S.M. MARTIN, INC.

Principal Place of Business

1241 - 1251 N DIXIE HWY
POMPANO FL 33069
US

Mailing Address CHANGE

~~424 HENDRICKS ISLE #8~~
~~FT LAUDERDALE FL 33301~~
~~US~~ 2840 N.E. 24th Pl.
FT. Lauderdale Fl. 33305

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 12/22/1994
3a. Date of Last Report: 03/21/1995
4. FEI Number: 65-0560396 — ☐ 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

ADAMS, ROGER
~~424 HENDRICKS ISLE~~
~~SUITE #8~~
~~FT LAUDERDALE FL 3301~~

10. Name and Address of New Registered Agent

81 Name: ROGER ADAMS
82 Street Address (P.O. Box Number is Not Acceptable): 2840 N.E. 24th Place
83 FT. LAUDERDALE
84 City: FL 85 Zip Code: 33305

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 ______ (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	☐ DELETE	1.1 TITLE DPS	ADAMS, ROGER ☑ Change ☐ Addition ADDRESS
NAME	ADAMS, ROGER		1.2 NAME	
STREET ADDRESS	~~424 HENDRICK ISLE, 38~~		1.3 STREET ADDRESS	2840 N.E. 24th Place
CITY-ST-ZIP	~~FT LAUDERDALE FL~~		1.4 CITY-ST-ZIP	FT. Lauderdale, Fl. 33305
TITLE	DVT	☐ DELETE	2.1 TITLE DVT	ADAMS, GERI ☐ Change ☐ Addition
NAME	ADAMS, GERI		2.2 NAME	
STREET ADDRESS	~~424 HENDRICKS ISLE, #8~~		2.3 STREET ADDRESS	2840 N.E. 24th Place
CITY-ST-ZIP	~~FT LAUDERDALE FL~~		2.4 CITY-ST-ZIP	FT. Lauderdale, Fl. 33305
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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 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: Geri Adams — 1/26/96 954-564-8310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

CR2E034 (12/95)