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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** Apr 11 1997 8:00am Secretary of State

DOCUMENT # P94000092363 (8) 1. Corporation Name S.M. MARTIN, INC.							
Principal Place of Business 1241 - 1251 N DIXIE HWY POMPANO FL 33069 US			<u> </u>		C TOTAL COLUMN TO THE TREAT STATE STATE STATE STATE THAT THE COLUMN STATE STAT		
		••			3. Date Incorporated or Qualified 12/22/1994	3a. Date of Last I 01/30/1996	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	}	pplied For
21 Contractor	di coto	26   Suite, Apt. #, etc.			65-0560396		lot Applicable
Suite Apt	#, etc.	27 Suite, Apr. #, etc.			5. Certificate of Status Desired		Additional lequired
City & State	0	City & State			6. Election Campaign Financing		) May Be
23		28	<del></del>	· ····	Trust Fund Contribution	☐ Added	to Fees
Zip	Country	Zip	Zip Count		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No		s. 199.032,
24	25 S. Name and Address of Curre	29 ent Registered Agent	[30]		10. Name and Address of New Re		
AD/	MS, ROGER			Name			
2840 NE 24TH PLACE				Street Add	fress (P.O. Box Number is Not Acceptat	ole)	
FT LAUDERDALE FL 33305						····	
			18	33			1
			[7	City	**************************************	FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607 1508. Florida St	atutes the abo	ove-named cor	poration submits this statement for the r		its registered
	registered agent, or both, in the Stat on familiar with, and accept the obli	te of Florida Such change wigations of, Section 607.0505	as authorized Florida Statu	by the corpora tes.	poration submits this statement for the patients board of directors. I hereby acceptions	ot the appointment a	s registered
SIGNATURE	Stanative ityp-id or printed name of tegenbood a	gent and title it applicable	NOTE Registered	Agent signature requ	ired when reinstating)	DATE	
12.		OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFIC		
TITLE	DPS	DELETE 1.1		4		Change	☐ Addition   {
NAME	ANALYSIS ATTENDED		1.2 NAN	ſ			[ ]
STREET ADDRESS CITY+ST+ZIP	ET LAUDEDDALE EL			EET ADDRESS (-ST-ZIP			[ ]
MLF	DVT	DELETE 2.1 TVI				Change	Addition
NAME	ADAMS, GERI 22N		22 NAM	1E			_
STREET ADDRESS			2.3 STR	EET ADORESS			}
CHY-ST-7IP	FT LAUDERDALE FL		2. 4 CIT	Y - S1 - ZIP			
THEF		DELETE	31 TITL	ſ		Change	Addition
NAME STORE ANGRES			3.2 NAN	1			
STREET ADDRESS City+S1+ZIP				EET ADDRESS Y-ST-ZIP			
THILE		DELETE	4.1 TITL			Change	Addition
NAM(			4. 2 NA	AE .			Ì
STREET ADDRESS			4.3 STR	EET ADDRESS			
CITY ST-7-F			4.4 CiTY	r-St-ZIP			
TITLE		☐ DELETE	5.1 TITL	ĺ		☐ Change	Addition
NAME			5.2 NAN				j
STREET ADDRESS				EET ADDRESS			
CHY-ST-ZIP TULE		DELETE	6.1 TiTL	r-St-ZIP E		Change	Addition
NAME		perior	62 NAM	•		turni Cradilgo	
STREET ADDRESS				EET ADDRESS			ĺ
CITY - ST - ZIP			6.4 CIT	-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
14. I do narel	by certify that the information suppl	ed with this filing does not q	uality for the e	xemption state	ed in Section 119.07(3)(i), Florida Statute	s. I further certify the	it 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. 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 Bigon, 13 if changed, or on an attachment with an address.

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