# 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 # **P94000093598 (8)**

1. Corporation Name

**SMV, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 17441 LOCH LOMOND WAY<br>BOCA RATON FL 33496 | 17441 LOCH LOMOND WAY<br>BOCA RATON FL 33496 |

3. Date Incorporated or Qualified: **12/28/1994**
3a. Date of Last Report: **08/03/1995**

4. FEI Number: **65-0547271** ☐ 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

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 117 Orchard Ridge Lane | 26 117 Orchard Ridge Lane |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State: Boca Raton, FL | 28 City & State: Boca Raton, FL |
| 24 Zip: 33431 25 Country: USA | 29 Zip: 33431 30 Country: USA |

**9. Name and Address of Current Registered Agent**

ABRAMS, VINCENT D
1080 B PARKSIDE GREEN
WEST PALM BEACH FL 33415

**10. Name and Address of New Registered Agent**

81 Name: Vincent D. Abrams
82 Street Address (P.O. Box Number is Not Acceptable): 117 Orchard Ridge Lane
83
84 City: Boca Raton **FL** 85 Zip Code: 33431

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: Vincent D. Abrams — 4-19-96
Signature, typed or printed name of individual with authority to sign — NOTE: If changing Registered Agent, Agent must sign above — DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>ABRAMS, DONNA J<br>17441 LOCH LOMOND WAY<br>BOCA RATON FL | ☑ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | President<br>Abrams, Vincent D.<br>117 Orchard Ridge Lane<br>Boca Raton, FL 33431 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ABRAMS, DONNA J<br>17441 LOCH LOMOND WAY<br>BOCA RATON FL 33496 | ☑ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ABRAMS, VINCENT<br>17441 LOCH LOMOND WAY<br>BOCA RATON FL 33496 | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | Director<br>Vincent D. Abrams<br>117 Orchard Ridge Lane<br>Boca Raton, FL 33431 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (12/95)

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:** Vincent D. Abrams — President — 4-19-96 — 407-393-8146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #