

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

**FILED**  
**Apr 08 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000093598 (8)**

1. Corporation Name  
**SMV, INC.**



Principal Place of Business <b>117 ORCHARD RIDGE LANE. BOCA RATON FL 33431 US</b>	Mailing Address <b>117 ORCHARD RIDGE LANE BOCA RATON FL 33431-3833 US</b>
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3. Date Incorporated or Qualified <b>12/28/1994</b>	3a. Date of Last Report <b>04/24/1996</b>
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2. Principal Place of Business <b>21 1080B Parkside Green</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 1080B Parkside Green</b> Suite, Apt. #, etc.	4. FEI Number <b>65-0547271</b>	Applied For <input type="checkbox"/> Not Applicable
22 City & State <b>23 West Palm Beach, FL</b> Zip Country <b>24 33415 25 USA</b>	27 City & State <b>28 West Palm Beach, FL</b> Zip Country <b>29 33415 30 USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>VINCENT D. ABRAMS 117 ORCHARD RIDGE LANE. BOCA RATON FL 33431</b>	10. Name and Address of New Registered Agent <b>81 Name Claire D. Abrams 82 Street Address (P.O. Box Number is Not Acceptable) 1080B Parkside Green 83 West Palm Beach, FL 84 City FL 85 Zip Code 33415</b>
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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 Claire D. Abrams (NOTE: Registered Agent signature required when reinstating) DATE 3/31/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ABRAMS VINCENT D.</b>		1.2 NAME <b>Abrams, Claire D.</b>	
STREET ADDRESS <b>117 ORCHARD RIDGE LANE</b>		1.3 STREET ADDRESS <b>1080B Parkside Green</b>	
CITY-ST-ZIP <b>BOCA RATON FL</b>		1.4 CITY-ST-ZIP <b>West Palm Beach, FL 33415</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ABRAMS, VINCENT</b>		2.2 NAME <b>Abrams, Claire</b>	
STREET ADDRESS <b>117 ORCHARD RIDGE LANE.</b>		2.3 STREET ADDRESS <b>1080B Parkside Green</b>	
CITY-ST-ZIP <b>BOCA RATON FL</b>		2.4 CITY-ST-ZIP <b>West Palm Beach, FL 33415</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 an address.

SIGNATURE: Claire D. Abrams SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE 3/31/97 561/486-2283 Daytime Phone #

CR2E034 (9/96)