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

BRADENTON FL 34205

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P95000013234 (6) **DOCUMENT #**

SM-PLAZA, INC.

BRADENTON FL 34205

351 6TH AVE W	351 6TH AVE W
Principal Place of Business	Mailing Address



3a. Date of Last Report

3. Date Incorporated or Qualified

02/16/1995

	Principa! Plac	cipal Place of Business 2a. Mailing Address						4. FEI Number			·	Applied For		
21		[26]								- 05 73	5702	_	Not Applicable	
	Suite, Apt. #,	etc.		Suite Apt. #, etc.										L
22				27	F1 ' '					5. Certificate	of Status Desire	d 🗆		5 Additional Required
	City & State	Dity & State City & State						6. Election Ca	ımpaign Fınanci		\$5.0	00 May Be		
23		· · ·		28	8					Trust Fund	Contribution			ed to Fees
_	Ζιρ		Country	<u> </u>	Zφ		ountry			8. This corpor	ation has liabilit	y for intang	ible tax under s	199.032,
24			25	29		30				Florida Stal		Yes 🔲		
9. Name and Address of Current Registered Agent							1	10. Name and	Address of N	ew Regist	ered Agent			
						81	Name							
	NEWSOM		S				82	Street A	Address	(P.O. Box N.in	nber is Not Acce	entablel		
	351 6TH							2.00.7	4.000	,		skyranio)		
	BRADENT	TON FL 34	1205				83			F17/M4				
							84	City					85 7	ip Code
							1	-						
11.	 Pursuant to occupatered 	the provision	ons of Sections 607 0:	502 and 607	.1508, Florida Stat	tutes, the a	bove n	iantied cor	rporatio	n submits this :	statement for th	e purpose o	of changing its	registered office
	Chi I CO GLOTOL	a 0, juli, 0, 1	noth, in the State of F it the obligations of, S	ID ION CHUCK	CHARLES WAS MURIO	HIZERI DIV TOR	e corpe	.maton s t	o bracou	r directors. I he	reby accept the	appointme	ent as registere	d agent. I am
SIG	SNATURE													
	S	gnature typied o	r printed name of regelered a	·	75.6	NOTE Require		signation in	place twice	- o ne re tat rigo		57	Alt	
12.			OFFICERS.	AND DIRECT		13	3.			ADDITIONS	/CHANGES TO	OFFICERS	AND DIRECTO	ORS IN 12
TITL		D	ME 101111 0		☐ DELETE	1	1 TITLE	[Change	☐ Addition
NAM			ME, JOHN S			12	NAME							
STR	REET ADDRESS	351 6TH				1.3	STREET	ADDRESS						į
	Y-S1-ZIP		ITON FL 34205			1,4	CITY - SI	ZIF						
TITL		D	*****		DELETE	2	1 TIFLE	T	1				☐ Change	Addition
NAM	ME	-	MICHAEL J			22	NAMÉ							
\$TRI	REET ADDRESS	351 6TH				2.3	STREET.	ADDRESS						ļ
	Y - \$1 - ZIP		ITON FL 34205			. 24	CITY - ST	- ZIP						
TITU	1	D			□ DELETE	3	TIT_E						☐ Change	Addition
NAM	ME		DSON, LOUIS			3.2	NAME							
STRE	EFT ADDRESS	351 6TH				3.3	STREET	ADDRESS						
	Y-ST-ZIP	BHADEN	ITON FL 34205			3 4	C-TY-SI	- ZIP						
THIL	.E				DELETE	4 1	TILE						☐ Change	Addition
NAM	ME.					42	NAME	-						
STRE	EET ADDRESS					4.3	STHEET /	ADDRESS						j
CITY	Y-SI-ZIP					4.4	CHY-ST	- 210						
TITLE	.E				DELETE	5 1	TITLE						☐ Change	Addition
NAM	ME .					52	NAME							_
STRE	EET ADDRESS					5.3	STREET A	AGORESS						
CITY	r - ST - ZIP						CITY-S1	- 1						
TITLE	E T	-		···	DELETE	·	TITLE						Change	Addition
NAM	AE					62	NAME							

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

6.3 STREET ADDRESS

€ 4 CiTY - ST - ZiP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

MICHAEL T. De CE 4-1-90 (911) 949-8788