

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

FILED

Mar 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000055930 (8)

1. Corporation Name
SMCP CORPORATION



Principal Place of Business 5051 CASTELLO DRIVE SUITE 220 NAPLES FL 33940	Mailing Address 5051 CASTELLO DRIVE SUITE 220 NAPLES FL 34103-8986
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3. Date Incorporated or Qualified 07/17/1995	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 600 5th Ave. So.	2a. Mailing Address 26 600 5th Ave. So.
State, Apt. #, etc. 22 #214	Suite, Apt. #, etc. 27 #214
City & State 23 Naples, FL	City & State 28 Naples, FL
Zip 24 34102	Country 25 USA
	Country 29 USA

4. FEI Number 65-0603198	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent
**FRITSCH, HELMUT
5051 CASTELLO DRIVE
SUITE 220
NAPLES FL 33940**

10. Name and Address of New Registered Agent
81 Name Fritsch, Helmut
82 Street Address (P.O. Box Number is Not Acceptable) 600 5th Ave. So.
83 #214
84 City Naples
85 Zip Code FL 34102

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: *[Signature]* **HELMUT FRITSCH PRESIDENT** DATE: **3/14/97**

12. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> DELETE
NAME FRITSCH, HELMUT	
STREET ADDRESS 452 WILLET DR	
CITY-STATE-ZIP NAPLES FL	
TITLE VPD	<input type="checkbox"/> DELETE
NAME FRITSCH, KERSTIN	
STREET ADDRESS 452 WILLET DR	
CITY-STATE-ZIP NAPLES FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Fritsch Helmut	
1.3 STREET ADDRESS 3277 Gordon Dr.	
1.4 CITY-STATE-ZIP Naples, FL 34102	
2.1 TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Fritsch Kirsten	
2.3 STREET ADDRESS 3277 Gordon Dr.	
2.4 CITY-STATE-ZIP Naples, FL 34102	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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: *[Signature]* **HELMUT FRITSCH PRESIDENT** DATE: **3/14/97** TELEPHONE: **(941) 435-9045**

CR2E034 (9/96)