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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90113 030 ***158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000071392

1. Corporation Name
SMLX TECHNOLOGIES OF FLORIDA, INC.



Principal Place of Business

**430 ANSIN BLVD.
G
HALLANDALE FL 33009
US**

Mailing Address

**430 ANSIN BLVD.
G
HALLANDALE FL 33009
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/15/1995

4. FEI Number

65-0613049

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

376 Ansin Blvd.

2a. Mailing Address

376 Ansin Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hallandale, FL

City & State

Hallandale, FL

Zip

33009

Country

US

Zip

33009

Country

US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHUR, HENRY B
430 ANSIN BLVD
SUITE G
HALLANDALE FL 33009**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)
376 Ansin Blvd.

83.

84. City
Hallandale

FL

85. Zip Code
33009

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.

April 22, 1999

SIGNATURE:

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DV** ☐ DELETE
NAME **SCHUR, HENRY B**
STREET ADDRESS **460 POINCIANA DRIVE**
CITY-ST-ZIP **HALLANDALE FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **376 Ansin Blvd.**
1.4 CITY-ST-ZIP **Hallandale, FL 33009**

TITLE **VD** ☐ DELETE
NAME **LEVANDOSKI, NICHOLAS G**
STREET ADDRESS **13000 SW 81 ST**
CITY-ST-ZIP **MIAMI FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **376 Ansin Blvd.**
2.4 CITY-ST-ZIP **Hallandale, FL 33009**

TITLE **PD** ☐ DELETE
NAME **JONES, COLIN N**
STREET ADDRESS **430 ANSIN BLVD STE G**
CITY-ST-ZIP **HALLANDALE FL 33009**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **376 Ansin Blvd.**
3.4 CITY-ST-ZIP **Hallandale, FL 33009**

TITLE **D** ☐ DELETE
NAME **MARCUS, JOEL**
STREET ADDRESS **430 ANSIN BLVD., SUITE G**
CITY-ST-ZIP **HALLANDALE FL 33009**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **376 Ansin Blvd.**
4.4 CITY-ST-ZIP **Hallandale, FL 33009**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Colin N. Jones

APRIL 22, 1999 954-455-0110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)