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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000091023 (8)

SMS SUBSIDIARY, INC.

CITY-ST-ZIP

STREET ADDRESS

NAME

Principal Place of Business Mailing Address								
800 WINDERLEY PLACE SUITE 224 500 WINDERLEY PLACE SUI MAITLAND FL 32751 MAITLAND FL 32751				SUITE 224				
MINITED IN COLOR						DO NOT WRITE IN THIS SPA	ACE	
						3. Date incorporated or Qualified		
						11/28/1995		
2, Principal Place of Business 2a. Mailing Address						4. FEI Number	Applied For	
21 26						59-3348000	Not Applicable	
Suite, Apt. #, etc. Suite. Apt. #, etc. 22 27						5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State					6. Election Campaign Financing	\$5.00 May Be		
23		28				Trust Fund Contribution	Added to Fees	
Zip			Country	<i>'</i>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
24	25 29 30 9. Name and Address of Current Registered Agent		30	Personal Property Tax due June 30. X Yes No 10. Name and Address of New Registered Agent				
	ALIN, LAWRENCE J	Tent mogratered Age		81	Name	10. Italia ala Addisso di New Hogistelea Ag		
225 E ROBINSON ST SUITE 800 ORLANDO FL 32801								
				82	82 Street Address (P.O. Box Number is Not Acceptable)			
				83				
				84	City	FI /	B5 Zip Code	
office or re	to the provisions of Sections 607, egistered agent, or both, in the St m familiar with, and accept the ob	tate of Florida. Such c	change was a	authorized by	the corpora	poration submits this statement for the purpose of challon's board of directors. I hereby accept the appoin	nanging its registered Itment as registered	
	Signature, typed or printed name of registered		(NOT		ent signature requ	iied when reinstating) DATE		
12.	OFFICERS	AND DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND D	Change Addition	
	GARNER, H S] DELETE			L) cushing	
NAME ATTREET ADDRESS	AND THIS POPULATION OF CHIEF AND			1,2 NAME				
STREET ADDRESS	MARTINALID EL ACTEA			1,3 STREET	ŀ			
CITY-ST-ZIP TITLE	D DELETE		DELETE	1.4 CITY - S 2.1 TITLE	51 - ZIP		Change Addition	
NAME	MACLEAY, MICHAEL	_		2 2 NAME			, and a recently	
STREET ADDRESS	CALLERY CONTROL OF A CONTROL AND			2.3 STREET	ADDRESS	•		
CITY-ST-ZIP	MARTINE PLANTE			2.4 CITY - S				
TITLE	D	L	DELETE	3,1 TITLE			Change	
NAME	VOGT, STEPHEN C			3.2 NAME			• —	
STREET ADDRESS	500 WINDERLEY PLACE S	UITE 224		3.3 STREET	ADDRESS			
CITY-ST-ZIP	MAITLAND FL 32751	_		3.4. CITY - S				
TITLE			DELETE	4.1 TITLE			Change Addition	
NAME				4, 2 NAME				
STREET ADDRESS				4.3 STREET	ADDRESS			
CITY-ST-ZIP				4.4 C(TY-S	· 1			
TITLE			DELETÉ	5.1 TITLE			Change Addition	
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREET	ADDRESS]	

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

14. I hereby certify that the information supplied with his filing does not quality 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 the 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 recitor of the corporation of the recitor of the recitor of the corporation of the recitor of the corporation of the recitor of the recit

Addition

Change

FILED
May 01 1998 8:00am
Secretary of State