FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Saridra B. Morthani Secretary of State

1996

DIVISION OF CORPORATIONS

DOCUMENT #	P95000091618	(5)
1. Corporation Name		` '

SMC PROPERTIES, INC.

FILED May 01 1996 8:00 am Secretary of State



Principal Place of Business Mailing Address			r contrent and sauds Britt Ballt Ballt	. seesteen tie tatet enter eatet eertt eertt eetif eftife foret fiele gilet tiebt ifff ifel				
6610 W LINEBAUGH AVENUE 6610 W LINEBAUGH AVENUE TAMPA FL 33625 TAMPA FL 33625								
					Date Incorporated or Qualified 12/01/1995	3a. Date	of Last I	Report
		2a. Mailing Address	Mailing Address		4. FEI Number	Applied Fc		Applied For
21		26			59-3364121		 	Not Applicable
 ,	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	SR 75 Addition		
City & State		27					-	Required
23	t)	City & State			6. Election Campaign Financing		\$5.0	00 May Be
Zιρ	Country	28 Zip	Count		Trust Fund Contribution			ed to Fees
24	25	29	30	ту	8. This corporation has liability for Florida Statutes Yes		under s	3 199.032,
	9. Name and Address of Curre				10. Name and Address of New R		gent	
			8	1 Name		ograce ou	Seile	
WALLACI	K, MICHAEL M			0 0	(D.O. B.) M	· · · · · · · · · · · · · · · · · · ·		
2055 WO	OOD STREET SUITE 215		0.	2 Street A	ddress (P.O. Box Number is Not Acceptab	ile)		
	TA FL 34237		8	3				
			8-	1 ' '		FI	1 1	ip Code
11. Pursuant t	to the provisions of Sections 607.050	02 and 607.1508. Florida Statu	ites, the above	named cor	poration submits this statement for the pur		naing its	registered office
familiar wit	ed agent, or both, in the State of Flo th, and accept the obligations of, Sec	inda. Such change was authori ction 607.0505, Florida Statute	zea by the cor is.	poration's b	poration submits this statement for the pur loard of directors. I hereby accept the appo	ontment as r	egistered	d agent. I am
SIGNATURE								
	Signature, typed or printed name of registered age		OTE Registered Ag	не вустан нец	pired when releating	DAIF		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	CERS AND (DIRECTO	ORS IN 12
TITLE	PD COUR	☐ DELETE	1 1 TITLE		-		Change	☐ Addition
NAME STREET ASSESSES	SPIRO, LOUIS		1.2 NAME	İ				
STREET ADDRESS	3903 VENETIAN WAY TAMPA FL 33634		1.3 STREE	LADDRESS				
DITY-ST-ZIP	STD	Figorous	1 4 CITY-					
		DEFE IE	2 1 TOTLE		STO	[28]	Change	Addition
NAME STREET ADDRESS	MARCO, RONALD L 6610 W LINEBAUGH AVE		2.2 NAME		MACRO, RONALD 6610 W. LINEBAU TAMPA FL 3362	>		
STREET ADDRESS	TAMPA FL 33625			TADORESS	COLO W. LINEBAU	4H W	va.	
CITY - S7 - ZIP TIFLE	IAMEN EL 30020	FT btiere	2 4 C/TY -	S1 - Z(F)	TAMPA FL 3362	5		
NAME		DELFTE	3 1 1171.6				Change	☐ Addition
STREET ADDRESS			3.2 NAME	1				
CITY-ST-ZIP				ET ADDRESS				
TIFLE		DELETE	34 CITY -				3	
NAME		□ Martin	4 1 DTcE			L	Change	☐ Addition
STREET ADDRESS			4.2 NAME	. 20000100				
CITY-ST-ZIP				1 ADDRESS				
TITLE		DELFTE	4.4 CITY - : 5.1 TITLE	SU-ZIF		— —	Cnange	- Making
NAME			5 2 NAME			L	Change	☐ Add-tion
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			54 CITY - 5					!
TITLE		DELETE	6 1 TIFLE	5 - 20"			Change	Addition
NAME			6.2 NAME			ليا	change	☐ Addition
STREET ADDRESS				I ADDRESS				
CITY-ST-ZIP			6.4 C(1) Y - 5	1				
14. I do hereby	certify that the information supplied	with this filed is voluntarly form	Shed and doc	is not oual 5	for the exercition stated in Section 110.0	2000 - 61- 1		

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 appears in Block 12 or Block 13 if changes. For the receiver of troustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

SIGNATURE AND TYPED OFFRINTED NAME OF SIGNING OFFICER OR DIRECTOR