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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 01 1998 8:00am

Secretary of State

4/24/98 (94) 714, 17/15

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000017295 (2)

SPECIALIZED MACHINE DESIGN, INC.

Principal Place of Business Mailing Address 5073 HIGEL AVE 4524 BARRACUDA DR **BRADENTON FL 34208 BRADENTON FL 34208** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/23/1996 2. Principal Place of Business BARRACUD A 4. FEI Number 2a. Mailing Address Applied For 26 65-0681593 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Regulred City & State City & State 6. Election Campaign Financing \$5.00 May Be BRADENTON 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible 8 25 MANATEE 29 9. Name and Address of Current Registered Agent 30 Personal Property Tax due June 30. Yes 10. Name and Address of New Registered Agent 81 Name EDWARDS, SHERYL A AREN MI ARECKI C/O LUTZ, WEBB, PARTRIDGE & BOBO, P.A. 82 O. Box Number is Not Acceptable BARRA CUDA TWO NORTH TAMIAMI TRAIL SUITE 500 83 SARASOTA FL 34238 84 Zip Code 34208 BRADENTO N 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statules, 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 (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE ☐ Change Addition NAME **MIARECKI. GEORGE J** 1.2 NAME 4524 BARRACUDA DR STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP **BRADENTON FL** 1.4 CITY - ST- ZIP DELETE TITLE 2.1 TITLE Channe Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS CITY-\$T-ZIP 3.4. CITY-ST-2IP DELETE TITLE 4.1 TITLE Change ☐ Addition NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZW 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change ☐ Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETÉ 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 fectiver 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 or an attachment with an address.