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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # P96000033308

SMP ENTERPRISES, INC.

Principal Place of Business

Mailing Address

201 MERRITT SQUARE MALL MERRITT ISLAND FL 32952 26 FORREST AVE. COCOA FL 32952

FILED Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90053 028 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

					04/15/1996			
Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For	
26					65-0674379		Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			. <u>.</u>		5. Certifcate of Status Desired	•	\$8.75 Additional Fee Required	
City & State City & State					6. Election Campaign Financing	\$5.	.00 May Be	
23 28					Trust Fund Contribution	Add	ded to Fees	
Zip Country Zip				ntry	8. This corporation owes the current year	Intangible		
			10		Personal Property Tax.	☐ Yes	□No	
24 25 29 30 9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
or territo min versions of antitate resiliare as . Same				81 Name				
SISK, PAMELA S				(DO D. N. L. N. A.				
1 WILLOW GREEN				82 Street A	ddress (P.O. Box Number is Not Acceptable)			
COCOA BEACH FL 32931				83				
000	OA BEAGITTE GEGGT			03				
				84 City		-L	Zip Code	
agent. i ar	to the provisions of Sections 607.05t egistered agent, or both, in the State of familiar with, and accept the obligation	02 and 607.1508, Florida Statutes of Florida. Such change was au ations of, Section 607.0505, Flori	ua Giai	oove-named of by the corporates.	orporation submits this statement for the purpos ration's board of directors. I hereby accept the al	e of changin pointment a	g its registered as registered	
	Signature, typed or printed name of registered age	ent and title if applicable. (NO)	Registered	Agent signature po	uired when reinstating) . DATE			
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS			
TITLE	P	☐ DELETÉ	ELETÉ 1.1 TM			☐ Cha	inge	
NAME	SISK, PAMELA S		1.2 N	ME				
STREET ADDRESS	1 WILLOW GREEN		1.3 S	REET ADDRESS				
CITY+ST-ZIP	COCOA FL 32931		1.4 C	TY-ST-ZIP				
TITLE	S	☐ DELETE	2.1 T	ne .		☐ Cha	ange Addition	
NAME	SISK, MARY		2.2 N	ME .				
STREET ADDRESS	1 WILLOW GREEN 2		2.3 S	REET ADDRESS				
				ΠΥ-ST-ŽIP			-	
CITY-ST-ZIP TITLE			3.1 TI			Cha	ange Addition	
			3.2 N					
NAME				REET ADDRESS				
STREET ADDRESS							!	
CITY-ST-ZIP			3.4. C	TY-ST-ZIP		Cha	ange Addition	
TITLE	•	□ DELETE						
NAME			4. 2 N					
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP			_	TY-ST-ZIP		Cha	ange Addition	
TITLE		☐ DELETE	5.1 TI				ande	
NAME			5.2 N	j				
STREET ADDRESS			5.3 S	REET ADDRESS				
CITY-ST-ZIP				TY-ST-ZIP				
TITLE		☐ DELETE	6.1 T	TLE		☐ Cha	ange	
NAME			6.2 N	AME				
STREET ADDRESS			6.3 S	TREET ADDRESS				
	[6.4 C	TY-ST-ZIP	•			
ÇITY-ST-ZIP							the information	

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, of on an attachment with an address with all other like empowered.

SIGNATURE

NATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

3/12/99

407-639-700

Daytime Phone #

22E034 (11/9