SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Sep 19 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000057079 (1)

STRATEGIC MANAGEMENT GROUP, INC.

District Dis-	at D	\$4.90 A.J.J.	····		,					
Principal Place of Business Mailing Address							1			
3300 NORTH PACE BOULEVARD. UNIT 30 POST OFFICE BOX 1361 PENSACOLA FL 32505 PENSACOLA FL 32596							İ			
							DO NOT WRITE			
			· 		_		3. Date Incorporated or Qualified 07/08/1996	3a. Date of	Last Re	∌port
2. Principal P	/ 2a. Mailing Add	Address				4. FEI Number		Ap	plied For	
21 20 E. Garden Street 26				·····			59-3429645			t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	4 h				5. Certificate of Status Desired	1 1 7	B.75 A Fee Re	Additional quired
City & Stat		City & State	-				6. Election Campaign Financing			May Be
23 tenso		28	 				Trust Fund Contribution		Added t	
Zip 24 3250	Country	Zip	—— · ——				8. This corporation owes or has paid the current war Intangible Personal Property Tax due June 30.			1
24 3250	9. Name and Address of Curren	1 Registered Agent	30				Personal Property Tax due June 10. Name and Address of New Re] NO
AME	RILAWYER CHARTERED	, ttogration rigam	7	81	Name		TO. Hamb and Padioso of Piote Flo	giotorea regain		
	ALMERIA AVENUE				<u> </u>					
CORAL GABLES FL 33134				82	Stree	t Addre	ess (P.O. Box Number is Not Acceptable)			
	THE GRIDELD TE COLOT			83						
				84	City			p. 85	Zip C	Code
44 6		0 1.007.4500.51	7-1- 0 7-1 -4		<u> </u>			FL °°	<u></u>	5-7
office or r	egistered agent, or both, in the State	of Florida. Such cha	nge was autho	rized bi	y the co	a corpo rporatic	ration submits this statement for the p on's board of directors. I hereby accep	urpose of char of the appointm	nging its nent as	s registered registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607	7.0505, Florida	Statute	S.	•	,			
SIGNATURE		····	Water to							
12.	Signature, typed or printed name of registered age OFFICERS ANI	<u></u>		stered Age	ent signatu	re required	t when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE SERS AND DIR	ECTOR	S INI 12
TITLE			1.1 TITLE		7	ADDITIONO/OFFANGED TO OFFIC		Change	Addition	
NAME	ROBINSON, RENARDO A			1.2 NAME						
STREET ADDRESS	3300 NORTH PACE BOULEVAR	d. Unit 30	1	-	ADDRESS	.]				Ì
City-ST-ZIP	PENSACOLA FL 32505	,		1.4 CITY - 5						
TITLE	VD			2.1 TITLE	11-5K			П	Change	Addition
NAME	SIMS, MARK	_	ľ	22 NAME		1		_ `		
STREET ADDRESS	3300 NORTH PACE BOULEVAR	ID. UNIT 30			ADDRESS	.				,
CITY-ST-ZIP	PENSACOLA FL 32505	,	1	2. 4 CITY -						j
TITLE	STD	124		3.1 TITLE	31-211	+		71	Change	Addition
NAME	JAMES, SAMUEL JR.			3.2 NAME						
STREET ADDRESS	3300 NORTH PACE BOULEVAR	D. UNIT 30			ADDRESS					
CITY-ST-ZIP	PENSACOLA FL 32505	•	1	3.4. CITY-		Ì				
TITLE		1		4.1 TITLE	V. E	 	···		Change	Addition
NAME				4. 2 NAME		}			-	
STREET ADDRESS					ADDRESS	.				
CITY-ST-ZIP				4.4 CITY-S		1				
TITLE				5.1 TITLE		1			Change	Addition
NAME		_	1	5.2 NAME		1		_	•	
STREET ADDRESS			1		ADDRESS					,
CITY-S1-ZIP			ľ	5.4 CITY - S						j
TITLE		1		6.1 TITLE		 			Change	Add tion
NAME			4	6.2 NAME					-	
STREET ADDRESS					ADDRESS	.}				

14. I do 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 attachmost with an address.

SIGNATURE. Massign DE VIDE AFOHHOUR LAD LINSON Clinton (2007817-499-