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May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000068122 (6)**

1. Corporate Name
SMR HOLDINGS, INC.

Principal Place of Business
914 MATANZAS AVE
CORAL GABLES FL 33146

Mailing Address
914 MATANZAS AVE
CORAL GABLES FL 33146

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/13/1996

4. FEI Number
65-0688601
[ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. The corporation owes or has paid the current year Intangible Personal Property Tax due June 30 [X] Yes [ ] No

2. Principal Place of Business
21 State Agent & Cit
22 City & State
23 Zip
24 Country 25

2a. Mailing Address
26 State Agent & Cit
27 City & State
28 Zip
29 Country 30

9. **Name and Address of Current Registered Agent**
LIPSON, GARY D
914 MATANZAS AVE
CORAL GABLES FL 33146

10. **Name and Address of New Registered Agent**
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505, Florida Statutes, 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 and accepts the appointment as registered agent. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

SIGNATURE

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City St Zip	
DP	LIPSON, GARY D	914 MATANZAS AVE	CORAL GABLES FL 33146	[ ] DELETE
				[ ] DELETE
				[ ] DELETE
				[ ] DELETE
				[ ] DELETE
				[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Title	Name	Street Address	City St Zip	
				[ ] Change [ ] Addition
				[ ] Change [ ] Addition
				[ ] Change [ ] Addition
				[ ] Change [ ] Addition
				[ ] Change [ ] Addition
				[ ] Change [ ] Addition

CR2E034 (10/97)

14. I hereby certify that the information indicated on this report or supplemental 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 of this report.

SIGNATURE: GARY D. LIPSON PRESIDENT 4/27/98 305-667-2538
SIGNATURE OF CURRENT CORPORATE OFFICER OR DIRECTOR Date Daytime Phone Number 0211600