

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

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90062 016 \*\*\*150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000069906

1. Corporation Name  
SM - TANGLEWOOD, INC.

Principal Place of Business  
351 6 AVE WEST  
BRADENTON FL 34205

Mailing Address  
351 6 AVE WEST  
BRADENTON FL 34205

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9021 Town Center Pkwy Suite, Apt. #, etc. 22 City & State 23 Bradenton, FL Zip 24 34202 Country 25 Manatee	2a. Mailing Address 26 9021 Town Center Pkwy Suite, Apt. #, etc. 27 City & State 28 Bradenton, FL Zip 29 34202 Country 30 Manatee
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3. Date Incorporated or Qualified 08/20/1996	4. FEI Number 59-3395977 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GRAUS, KIMBERLY L 351 6 AVE WEST BRADENTON FL 34205	10. Name and Address of New Registered Agent 81 Name Kimberly L. GRAUS 82 Street Address (P.O. Box Number is Not Acceptable) 9021 Town Center Pkwy 83 84 City Bradenton FL 85 Zip Code 34202
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. 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 Kimberly L. Graus (NOTE: Registered Agent signature required when registering) DATE 3-30-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P NAME NEWSOME, JOHN S STREET ADDRESS 351 6 AVE WEST CITY-ST-ZIP BRADENTON FL 34205	<input type="checkbox"/> DELETE	1.1 TITLE P 1.2 NAME Newsome, John S. 1.3 STREET ADDRESS 9021 Town Center Pkwy 1.4 CITY-ST-ZIP Bradenton, FL 34202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VST NAME DOYLE, MICHAEL J STREET ADDRESS 351 6 AVE WEST CITY-ST-ZIP BRADENTON FL 34205	<input type="checkbox"/> DELETE	2.1 TITLE V.S.T 2.2 NAME Doyle, Michael J. 2.3 STREET ADDRESS 9021 Town Center Pkwy 2.4 CITY-ST-ZIP Bradenton, FL 34202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE AS 3.2 NAME GRAUS, Kimberly L. 3.3 STREET ADDRESS 9021 Town Center Pkwy 3.4 CITY-ST-ZIP Bradenton, FL 34202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE  4.2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE  6.2 NAME  6.3 STREET ADDRESS  6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: Kimberly L. Graus SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Michael J. Doyle DATE 3-30-99 DAYTIME PHONE # (941) 747-8788

CR2E034 (11/98)