

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

FILED

Jan 30 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 # **P96000074599 (7)**

1. Corporation Name
SMCF, INC.



| | |
|---|---|
| Principal Place of Business 6404 MANATEE AVENUE WEST BRADENTON FL 34209 | Mailing Address 6404 MANATEE AVENUE WEST BRADENTON FL 34209 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | |
|---|------------------------------|---|------------------------------|
| 2. Principal Place of Business 21 4806-26th ST. W. Suite, Apt. #, etc. 22 BRADENTON City & State 23 FL. Zip 24 34207 | Country 25 MANATEE | 2a. Mailing Address 26 4806-26th ST. W. Suite, Apt. #, etc. 27 BRADENTON City & State 28 FL Zip 29 34207 | Country 30 MANATEE |
|---|------------------------------|---|------------------------------|

| | | |
|--|---|--|
| 3. Date Incorporated or Qualified 09/06/1996 | 4. FEI Number 65-0693908 | Applied For <input type="checkbox"/> 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 or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent
BARNES, GARRET T
3119 MANATEE AVENUE WEST
BRADENTON FL 34205

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|--|
| 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 |
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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 *Sharon Faulkner, Administrator* **1-12-98**
Signature, typed or printed name of registrant agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|---------------------------------|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | DPT FAULKNER, SHARON |
| STREET ADDRESS | 5014 WOODLAWN CIR. W. |
| CITY-ST-ZIP | PALMETTO FL 34221 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | DVS CITERA, MOLLY |
| STREET ADDRESS | 3205 YORK DR. W. |
| CITY-ST-ZIP | BRADENTON FL 34205 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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.

SIGNATURE: *Sharon Faulkner* **1-12-98** **941-239-2177**

CR2E034 (10/97)