

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

PROFIT CORPORATION
ANNUAL REPORT
1997



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

FILED

97 APR 10 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000086536 (5)**

1. Corporation Name
SM PARTNERS GROUP I, INC.



Principal Place of Business
**300 COLUMBIA DRIVE
SUITE 3201
CAPE CANAVERAL FL 32920**

Mailing Address
**300 COLUMBIA DRIVE
SUITE 3201
CAPE CANAVERAL FL 32920-5105**

3. Date Incorporated or Qualified
10/21/1996

3a. Date of Last Report
N/A

4. FEI Number
59-3433887

Applied For
 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 **405-F Atlantis Road**
Suite, Apt. #, etc.

22 City & State
23 **Cape Canaveral, FL**

24 Zip **32920** 25 Country **USA**

2a. Mailing Address
26 **405-F Atlantis Road**
Suite, Apt. #, etc.

27 City & State
28 **Cape Canaveral, FL**

29 Zip **32920** 30 Country **USA**

9. Name and Address of Current Registered Agent
**MCPHILLIPS, JACQUELINE
300 COLUMBIA DRIVE
SUITE 3201
CAPE CANAVERAL FL 32920**

10. Name and Address of New Registered Agent

81 Name **Christopher J. Straka**

82 Street Address (P.O. Box Number is Not Acceptable)
405-F Atlantis Road

83

84 City **Cape Canaveral** 85 Zip Code **FL 32920**

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 **Christopher J. Straka, Vice President** DATE **04.08.97**

Signature typed or printed name of registered agent and to whom, if applicable, (NOTE: Registered Agent signature required when in constant)

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **D MCPHILLIPS, JACQUELINE**

STREET ADDRESS **300 COLUMBIA DR., STE. 3201**

CITY - ST - ZIP **CAPE CANAVERAL FL 32920**

TITLE DELETE

NAME **D STRAKA, CHRISTOPHER**

STREET ADDRESS **300 COLUMBIA DRIVE, SUITE 3201**

CITY - ST - ZIP **CAPE CANAVERAL FL 32920**

TITLE DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME **D, P McPhillips, Jacqueline**

1.3 STREET ADDRESS **405-F Atlantis Road**

1.4 CITY - ST - ZIP **Cape Canaveral, FL 32920**

2.1 TITLE Change Addition

2.2 NAME **D, V, T Straka, Christopher**

2.3 STREET ADDRESS **405-F Atlantis Road**

2.4 CITY - ST - ZIP **Cape Canaveral, FL 32920**

3.1 TITLE Change Addition

3.2 NAME **D, V Harper, Robert F, IV**

3.3 STREET ADDRESS **2310 Lakeland Hills Boulevard**

3.4 CITY - ST - ZIP **Lakeland, FL 33805**

4.1 TITLE Change Addition

4.2 NAME **D, V, S Jenkins, E. Wayne**

4.3 STREET ADDRESS **2310 Lakeland Hills Boulevard**

4.4 CITY - ST - ZIP **Lakeland, FL 33805**

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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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 Attachment with an address.

SIGNATURE: **Christopher J. Straka** DATE **04.08.97** 407.799.4900

Signature and typed or printed name of signing officer or director

CR2E034 (9/96)