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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P97000055363 (0)

SMJ & ASSOCIATES, INC.

FILED Mar 24 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						71181 81144 11146 Aishe (411 1861
1500 N CONGRESS AVE. SUITE AS6 1500 N CONGRESS AVE. SUITE AS				6		
WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401					DO NOT WRITE IN THI	S SPACE
					3. Date Incorporated or Qualified	
			A		06/23/1997	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
			Wo	"	65-0761790	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 West				RFC	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Count	try	8. This corporation owes or has paid the c	-
24 334C	25 25 Name and Address of Curre	29 33407	30		Personal Property Tax due June 30.	Yes No
		nt Hegistered Agent		Name	10. Name and Address of New Registere	a Agent
JENNING, STANLET						
1500 N CONGRESS AVE, SUITE A56 WEST PALM BEACH FL 33401				82 Street Address (P.O. Box Number is Not Acceptable)		
***	EST PALMI DEAUTI FL 33401		 	33	APP	
			8	14 City		85 Zip Code
		007 4500 Firstle Ott	1	_l	F	
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 Signature typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
Signature typod or printed name of registered agent and title if applicable (NOTF: Register 12. OFFICERS AND DIRECTORS 13.				agent signature require	ed when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AI	ND DIRECTORS IN 12
TITLE			1.1 TITLE	E	ADDITIONS/OFFIANGES TO STEFFOETS AF	Change Addition
NAME	JENKINS, STANLEY		1.2 NAM	1		- <i>'</i> -
STREET ADDRESS	1500 N CONGRESS AVE, SU	JITE A56	1.3 STRE	EET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 3340)1	f	-ST-ZIP		ĺ
TITLE			2.1 TITLE			Change Addition
NAME	2.2		2.2 NAM	ie i		
STREET ADDRESS	ss		2.3 STREET ADDRESS		· •••	
CITY-ST-ZIP	2.4		2. 4 CITY	Y-ST-ZIP		
TITLE	DELETE		3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAM	E		
STREET ADDRESS			3.3 STRE	ET ADDRESS		
CITY-ST-ZIP			3.4. CITY	/-ST-ZIP		
TITLE	☐ DELETE 4.1 T		4.1 TITLE	E		Change Addition
NAME			4. 2 NAM	AE [
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY			
TITLE		DELETE	5.1 TITLE	1		Change Addition
NAME			5.2 NAM			
STREET ADDRESS				et address		
CITY-ST-ZIP		CT prieve	5.4 CITY			District Change
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAM			
STREET ADDRESS				et address		}
CITY-ST-ZIP	andifuthat the information over 1 - 1	ith this filing does not such	6.4 CITY	-ST-ZIP	Cootion 410 07/3V/) Elected Continue I	partiful that the information
14. I Nereby C	seriny that the information supplied w	in his fling does not qualify for	the exem	ipiion stated in t	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 in on an attact them with an antiress.

581.