PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000055363

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SMJ & ASSOCIATES, INC.				1		
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		3711 37TH WAY				
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``			•	3. Date Incorporated or Qualifed		Ι΄
ļ				06/23/1997_		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	App	died For
21	•	26		65-0761790		Applicable
Suite, Apt.	#, etc.	, Suite, Apt. #, etc.	,	5. Certificate of Status Desired	\$8.75 A	
22		27			Fee Rec	quired
City & Stat	8	City & State		6. Election Campaign Financing	, \$5.00 i	
23		28		Trust Fund Contribution	Added to	Fees
Zip	Country	ZIP	Country	8. This corporation owes the current		
24	25	29 3	<u>a </u>	Personal Property Tax.		THE
	9. Name and Address of Curren	t Registered Agent	81 Name	10. Name and Address of New Regis	stered Agent	
IEM	VING STANIFY		81 Name	STANLEY M. JENKINS		
JENKINS, STANLEY				Address (P.O. Box Number is Not Acceptable)		
1500 N CONGRESS AVE, SUITE A56 WEST PALM BEACH FL 33401			37/	1 374 WAY		
1153) PADN BEACHTE SAOT		83			
			84 City	= D (B)	85 Zip C	ode
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 agent, or both, in the State of Florida. Such change was suthorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.						40
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of	2 and 607.1508, Florida Statutes of Florida, Such change was aut	i, the above-named of horized by the corpo	corporation submits this statement for the purp waition's board of directors. I hereby accept the	e appointment as reg	stered
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agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Florid	la Statutes.		24_9c	
agent. I a SIGNATURE	· A aul Nous				~ ~~/7.	
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SIGNATURE	Signature, typed or privated remarks confession agent	STANCE A AND STANCE A AND DIRECTORS	M. Jeakins agistered Agent signature re 13.	squired when reinstating) ADDITIONS/CHANGES TO OFFICE	27~ / 7. SATE	
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14. I hereby certify that the information supplied with this filling 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 suppligmental annual report is true and accurate and that my signature shall have the same legal effect as if made under each; 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 open attachment with an address, with all other like empowered.

SIGNATURE:

ATURE AND TYPED OR PERFECT MANY OF SIGNING OFFICER OR GLIRECTOR DELLE M. S. 6-24-99 567-686
Daylore Proces & Daylore Proces &

FILED Jun 30, 1999 8:00 am Secretary of State

06-30-1999 90009 016 ***400.00 07-19-1999 90006 017 ***150.00

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