

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

FILED

Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000064196 (3)

1. Corporation Name
SMG PUBLISHING, INC.

Principal Place of Business
1970 E OSCEOLA PARKWAY #242
KISSIMMEE FL 34743

Mailing Address
1970 E OSCEOLA PARKWAY #242
KISSIMMEE FL 34743



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 12253 Dakota Wds Lane Suite, Apt. #, etc 22 FL City & State 23 Orlando FL 32824 Zip 24 32824 Country 25 Orange		2a. Mailing Address 26 1970 E. Osceola Pkwy Suite, Apt. #, etc 27 242 City & State 28 KISSIMMEE FL Zip 29 34743 Country 30 Osceola		3. Date Incorporated or Qualified 07/24/1997	
4. FEI Number 59-3458714		5. Certificate of Status Desired A \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. 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					

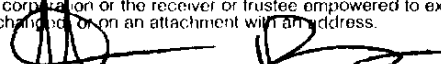
9. Name and Address of Current Registered Agent REPSIS, STEVE 12319 S ORANGE BLOSSOM TRAIL ORLANDO FL 32837		10. Name and Address of New Registered Agent 81 Name Steve Repsis 82 Street Address (P.O. Box Number is Not Acceptable) 12319 S. Orange Blossom Tr. 83 84 City Orlando FL 85 Zip Code 32837	
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11. 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  Steve Repsis 4/1/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P REPSIS, STEVE 12319 S ORANGE BLOSSOM TRAIL ORLANDO FL 32837	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V REPSIS, SABINE 12319 S ORANGE BLOSSOM TRAIL ORLANDO FL 32837	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	I CATRON, VERA 12123 AUGUSTA WOODS ORLANDO FL 32824	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 my address.

SIGNATURE:  4/1/98 407 859-1841

CR2E034 (10/97)