PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700064196

1. Corporation Name

SMG PUBLISHING, INC.

Principal Place of Business

12253 DAKOTA WDS LANE

ORLANDO FL 32824

Mailing Address

1970 E. OSCEOLA PKWY

May 06, 1999 8:00 am Secretary of State

05-06-1999 90283 042 ***158.75

US	KISSIMMEE FL 34743 US		DO NOT WRITE IN THIS SPACE		
			3. Date Incorporated or Qualifed		
			07/24/1997		
2. Principal Pl	ace of Business 2a. Mailing Address	Δ Ι Ν	4 CEL Number	Applied For	
21 1970	E. Osceola Pkm 25 1970 E.	Osceola Phy	59-3458714	Not Applicable	
	#, etc. Suite, Apt. #, etc.		· • • • • • • • • • • • • • • • • • • •	8.75 Additional	
22 本 ろ リ ス			5. Certifcate of Status Desired	Fee Required	
2 33.103			6. Election Campaign Financing	\$5.00 May Be	
ZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ		iee TL		Added to Fees	
			8. This corporation owes the current year Intangil	ble	
24 34 14 3 25 USK 29 34 74 3 30 USK				Yes No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
81 Name					
REPSIS, STEVE					
12319 S ORANGE BLOSSOM TRAIL			Street Address (P.O. Box Number is Not Acceptable)		
	ANDO FL 32837	83	83		
· · · · · ·					
		84 City	FI 8	5 Zip Code	
			• -		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above made a 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 Stave Kepsis					
JOHATORE		egistered Agent signature required		1750707011110	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND D		
TITLE	P DELETE	1.1 TITLE	U	Change Addition	
NAME	repsis, steve	12 NAME			
STREET ADDRESS	12319 S ORANGE BLOSSOM TRAIL	1.3 STREET ADDRESS		}	
CITY-ST-ZIP	ORLANDO FL 32837	1.4 CITY-ST-ZIP			
TITLE	V DELETE	2.1 TITLE		Change	
NAME	REPSIS, SABINE	22 NAME			
STREET ADDRESS	12319 S ORANGE BLOSSOM TRAIL	2.3 STREET ADORESS		Ť	
1	ORLANDO FL 32837	2. 4 CITY-ST-ZIP			
CITY-ST-ZIP	DELETE	3.1 TITLE		Change Addition	
TITLE		3.2 NAME		-	
NAME				į	
STREET ADDRESS		3.3 STREET ADDRESS			
CITY-ST-ZIP	☐ DELETE	3.4. CITY-ST-ZIP		Change	
TITLE	[] DELETE	4.1 TITLE	LI	- Change Haddon	
NAME		4. 2 NAME		ļ	
STREET ADDRESS		4.3 STREET ADDRESS			
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	DELETE	5.1 TITLE		Change Addition	
NAME		52 NAME			
STREET ADDRESS		5.3 STREET ADDRESS		}	
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	DELETE	6.1 TITLE		Change Addition	
NAME	_	6.2 NAME		1	
		6.3 STREET ADDRESS			
STREET ADDRESS		6.4 CITY-ST-ZIP		}	
CITY-ST-ZIP		0.7 OH (-5)-20-			

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, with all other like empowered.

SIGNATURE: