

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **P97000067615 (9)**

1. Corporation Name

**STATION MANAGEMENT ASSOCIATES, INC.**

Principal Place of Business

**7512 DR. PHILLIPS BLVD #50-165  
ORLANDO FL 32819**

Mailing Address

**7512 DR. PHILLIPS BLVD #50-165  
ORLANDO FL 32819**

FILED  
Sep 01 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/05/1997**

4. FEI Number

**59-3470985**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No **NONE OWED**

9. Name and Address of Current Registered Agent

**SAVARD, PAUL R  
7512 DR. PHILLIPS BLVD #50-165  
ORLANDO FL 32819**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PSTD</b>	<input type="checkbox"/> DELETE
NAME	<b>SAVARD, PAUL R</b>	
STREET ADDRESS	<b>7512 DR. PHILLIPS BLVD #50-165</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32819</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**400002630834**  
**-09/02/98--01005--044**  
**\*\*\*150.00**

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.

SIGNATURE:

*[Signature]*

*8/18/98*

*402 826 0374*

CR2E034 (5/98)

2

## STATION MANAGEMENT ASSOCIATES, INC.

7512 Dr. Phillips Boulevard, #50-165  
Orlando, Florida 32819

Paul R. Savard  
President

Phone: (407) 876-0324  
Pager: (407) 651-4393  
Fax: (407) 876-5348

August 25, 1998

Corporations Records Bureau  
Annual Report Section  
P.O. Box 6327  
Tallahassee, Florida 32314

Gentlemen:

Enclosed please find the 1998 Annual Report for Station Management Associates, Inc. Mr. Steve F. of your office suggested this letter accompany the Annual Report, explaining the circumstances of its late filing.

1. The Corporation was formed on August 5, 1997, making 1998 the first year an annual report had to be filed.
2. The first mailing of the Annual Report packet was never received. I only received the second notice that the report was overdue.
3. Neither my attorney or certified public accountant, whose counsel I have relied upon, have ever advised that an Annual Report was due on May 1, 1998. Therefore, I was taken completely by surprise upon receipt of the second notice.
4. Taking Steve F's suggestion, I am paying the \$150.00 filing fee and ask that the late fee of \$400 be waived considering the above circumstances.

Now that I am aware of the filing requirements, please be assured that all future Annual Reports will be filed in a timely manner.

Thank you for your assistance.

Sincerely yours,



Paul R. Savard