

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

FILED  
Jan 22 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P97000072939 (6)**

1. Corporation Name

**SMH DESIGN, INC.**

Principal Place of Business

**2121 S. OCEAN BLVD.  
#802  
POMPANO BEACH FL 33062**

Mailing Address

~~**2121 S. OCEAN BLVD.  
#802  
POMPANO BEACH FL 33062**~~

**CHANGE  
ADDRESS.**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/22/1997**

4. FEI Number

**65-0777 922**

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

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**24** Zip

**25** Country

2a. Mailing Address

**26** **P.O. BOX 1629**

Suite, Apt. #, etc.

**27** City & State

**28** **HOBE SOUND, FLORIDA**

**29** Zip

**33475**

**30** Country

**USA**

9. Name and Address of Current Registered Agent

**HOVSEPIAN, STEPHANIE  
2121 S. OCEAN BLVD.  
#802  
POMPANO BEACH FL 33062**

10. Name and Address of New Registered Agent

**81** Name

**STEPHANIE HOVSEPIAN**

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

**5717 SE FOREST GLADE TR.**

**83**

**P.O. BOX 1629**

**84** City

**HOBE SOUND**

**FL**

**85** Zip Code

**33455**

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

*Stephanie Hovsepian*

Signature typed or printed name of registered agent and firm, if applicable

(NOTE: Registered Agent signature required when reinstating)

**1-6-98**

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PRESIDENT**

**STEPHANIE HOVSEPIAN**

**5717 SE FOREST GLADE TR.**

**HOBE SOUND, FLORIDA 33455**

TITLE ☐ DELETE

**VICE PRESIDENT**

**GREG HOVSEPIAN**

**5717 SE FOREST GLADE TR.**

**HOBE SOUND, FLORIDA 33455**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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:

*Stephanie Hovsepian* : **STEPHANIE HOVSEPIAN** 1-6-98 (signature only)

CR2E034 (10/97)