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PROFIT CORPORATION ANNUAL REPORT

1999



ELORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000072939

1. Corporation Name

SMH DESIGN, INC.

2121 S. OCEAN BLVD.

Secretary of State 02-22-1999 90131 029 ***150.00

FILED Feb 22, 1999 8:00 am



Principal Place of Business Mailing Address P O BOX 1629 HOBE SOUND FL 33475 DO NOT WRITE IN THIS SPACE POMPANO BEACH FL 33062 3. Date Incorporated or Qualifed 08/22/1997 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0777922 Not Applicable 5717 SE FOREST GLADE TRACK \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be - 🔄 Added to Fees Trust Fund Contribution 28 Country Zip 8. This corporation owes the current year Intangible Personal Property Tax. □No 30 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 HOVSEPIAN, STEPHANIE 82 5717 SE FOREST GLADE TR P O BOX 1629 83 HOBE SOUND FL 33455 Zip Code 33 45 84 HOBE SOUND 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Change ☐ Addition ☐ DELETE 1.1 TITLE TITLE STEPHANIE HOVSEPIAN 1.2 NAME NAME 5717 SE FOREST GLADE TR 1.3 STREET ADDRESS STREET ADDRESS **HOBE SOUND FL 33455** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 2.1 TITLE TITLE **GREG HOVSEPIAN** 2.2 NAME NAME 5717 SE FOREST GLADE TR 2.3 STREET ADDRESS STREET ADDRESS **HOBE SOUND FL 33455** 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE ☐ Change 4.1 TITLE TITLE 4.2 NAME NAME

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 on an attachment with an address, with all other like empowered.

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

64 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIF

51 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

☐ DELETE

DELETE

Change

☐ Change

☐ Addition

☐ Addition

CR2E034 (11/98)