

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000089412

1. Corporation Name

SMA PROMOTIONS, INC.

Principal Place of Business

1822 DREW ST., STE. 1
CLEARWATER FL 33765

Mailing Address

1822 DREW ST., STE. 1
CLEARWATER FL 33765

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

10/16/1997

4. FEI Number

59-3485566

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 the current year intangible
Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

LARSON, ARLAN
1822 DREW STREET
SUITE 1
CLEARWATER FL 33765-2900

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 ☐ DELETE

NAME LARSON, ANN
STREET ADDRESS 1203 COUNTRY TRAKS
CITY-ST-ZIP SAFETY HARBOR FL 34695

TITLE ☐ DELETE

NAME VP
SMELTZ, ED
STREET ADDRESS 2275 KENT DRIVE
CITY-ST-ZIP LARGO FL 34444

TITLE ☐ DELETE

NAME P
WILLIAMS, MIKE
STREET ADDRESS 2230 NURSERY ROAD
CITY-ST-ZIP CLEARWATER FL 33764

TITLE ☐ DELETE

NAME VP
PALASTI, LASZLO
STREET ADDRESS 11505 ARECA RD
CITY-ST-ZIP TAMPA FL 33618

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

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Larson, Arlan
1.3 STREET ADDRESS 1203 Country Trails
1.4 CITY-ST-ZIP Safety Harbor, FL 34695

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME VP
4.3 STREET ADDRESS Palasti, Laszlo
4.4 CITY-ST-ZIP 2802 Samara Rd
Tampa, FL 33618

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 an address, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 25, 1999 8:00 am
Secretary of State

04-25-1999 90042 023 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (1/1/98)