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Secretary of State

03-01-1999 90092 001 ***158.75

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **P98000040955**

1. Corporation Name
SM VISION MARKETING INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**255 NW TERRAPIN DR., SUITE 2
 DUNNELLON FL 34431**

Mailing Address
**255 NW TERRAPIN DR., SUITE 2
 DUNNELLON FL 34431**

3. Date Incorporated or Qualified
05/04/1998

4. FEI Number
59-3509372 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

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

9. Name and Address of Current Registered Agent
**COLSTON, DEBORAH L
 255 NW TERRAPIN DR., SUITE 2
 DUNNELLON FL 34431**

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-----------------------------------|---|--|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | P/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MOONEY, SCOTT A | 1.2 NAME | MOONEY, SCOTT A |
| STREET ADDRESS | 255 NW TERRAPIN DR., SUITE 2 | 1.3 STREET ADDRESS | 255 NW TERRAPIN DR., SUITE 2 |
| CITY-ST-ZIP | DUNNELLON FL 34431 | 1.4 CITY-ST-ZIP | Dunnellon FL 34431 |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | V/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MOONEY, KRISTIN M | 2.2 NAME | MOONEY, KRISTIN M |
| STREET ADDRESS | 255 NW TERRAPIN DR., SUITE 2 | 2.3 STREET ADDRESS | 255 NW TERRAPIN DR., SUITE 2 |
| CITY-ST-ZIP | DUNNELLON FL 34431 | 2.4 CITY-ST-ZIP | Dunnellon FL 34431 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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: *Scott A. Mooney* **SCOTT A. MOONEY** /-23-99 1800 403-4448
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (11/98)