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 # P98000089113

1. Corporation Name

SMT ASSOCIATES, INC.

Principal Place of Business

Mailing Address

7027 W. BROWARD BLVD. #230 PLANTATION FL 33317

7027 W. BROWARD BLVD. #230 PLANTATION FL 33317

May 14, 1999 8:00 am Secretary of State

05-14-1999 90002 025 ***450.00



DO NOT	WRITE IN	THIS SPAC	Œ

		10/19/1998	
Principal Place of Business 2a. Mailing Address		4. FEI Number	Applied For
21 1901 HARNUSON ST 26 1901 HAN	enison ST	65-0900670	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State City & State City & State City & State 28 Hower work	O, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country Zip	Country 30	This corporation owes the current year Intang Personal Property Tax.	gible Yes ØNo
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Ag	ent
SCHIFF, BENJAMIN 7027 W. BROWARD BLVD. #230		SNJAMIN SCIJIE/F es (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33317	83 1901	HARAISON ST	
	84 City 1-16	ELLEWIND FI	85 Zip Code 3マルスノン
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statute office or registered agent, or both, in the State of Florida. Such change was at agent. I am familiar with, and accept the obligations of	es, the above-named corpor uthorized by the corporation ida Statutes.	ation submits this statement for the purpose of charses board of directors. I hereby accept the appointment of the purpose of the appointment of the purpose	anging its registered ient as registered
SIGNATURE	min SCH	7/21/9	'S'
Signature, typed or printed name of registered agent and title if applicable." (NOTE:	Registered Agent signature required v		7
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12 ☐ Change ☐ Addition
TITLE DIRECTOR & PRISIDENT DELETE	1.1 TITLE		Totalide Tivograph
NAME DOUGLAS T. PACITELO STREET ADDRESS 1901 HARAISONS TAGET CITY-ST-ZIP HOLE PHONE, FL 33020	1.2 NAME		
STREET ADDRESS 1901 HARAISONS TAGET	1.3 STREET ADDRESS		
	1.4 CITY-ST-ZIP		Change Addition
TITLE	2.1 TITLE	L	
NAME	2.2 NAME		
STREET ADDRESS	2.3 STREET ADDRESS		
CITY-ST-ZIP	2. 4 CITY-ST-ZIP		□ Channa □ Addition
TITLE DELETE	3.1 TITLE	L	☐ Change ☐ Addition
NAME	32 NAME		
STREET ADDRESS	3.3 STREET ADDRESS		
CITY-ST-ZIP	3.4. CITY-ST-ZIP		
TITLE DELETE	4.1 TITLE	L	Change Addition
NAME	4. 2 NAME		
STREET ADDRESS	4 3 STREET ADDRESS		
CITY-ST-ZIP	4.4 CITY-ST-ZIP		
TITLE DELETE	5.1 TITLE		Change
NAME	5.2 NAME		
STREET ADDRESS	5.3 STREET ADDRESS		
CITY-ST-ZIP	5.4 CITY-ST-ZIP		
TITLE DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	6.2 NAME		
STREET ADDRESS	6.3 STREET ADDRESS	**	
CITY-SI-ZIP	6.4 CITY-ST-ZIP		
AUTOSTER I			

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIF

Daylime Phone #