

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S41712 (8)

1. Corporation Name  
SMA INCORPORATED

Principal Place of Business

777 SOUTH FLAGLER DR.  
SUITE 1002  
WEST PALM BEACH FL 33401

Mailing Address

777 SOUTH FLAGLER DR.  
SUITE 1002  
WEST PALM BEACH FL 33401



|  |                     |                     |                     |  |  |                                       |  |
|--|---------------------|---------------------|---------------------|--|--|---------------------------------------|--|
| 2. Principal Place of Business                                   |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br>03/22/1991  |  | 3a. Date of Last Report<br>05/30/1995 |  |
| 21   | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br>65-0251654  |  | Applied For<br>Not Applicable         |  |
| 22   | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input type="checkbox"/>  |  | \$8.75 Additional Fee Required        |  |
| 23   | Zip                 | 28                  | Zip                 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  |  | \$5.00 May Be Added to Fees           |  |
| 24   | Country             | 29                  | Country             | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                                       |  |
| 9. Name and Address of Current Registered Agent                  |                     |                     |                     | 10. Name and Address of New Registered Agent   |  |                                       |  |
| HRAWG CORP.<br>2000 GLADES RD., SUITE 400<br>BOCA RATON FL 33431 |                     |                     |                     | 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 date of registration

Note: Registered Agent signature required when registering

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 12. OFFICERS AND DIRECTORS |                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |       |
|----------------------------|------------------------|---|-------|
| TITLE                      | PDT                    | 1.1 TITLE   |       |
| NAME                       | PICOWER, JEFFRY M.     | 1.2 NAME  |       |
| STREET ADDRESS             | 1410 SOUTH OCEAN BLVD. | 1.3 STREET ADDRESS                                    |       |
| CITY-ST-ZIP                | PALM BCH FL            | 1.4 CITY-ST-ZIP                                       | 33480 |
| TITLE                      | VPS                    | 2.1 TITLE   |       |
| NAME                       | PICOWER, BARBARA R.    | 2.2 NAME  |       |
| STREET ADDRESS             | 1410 SOUTH OCEAN BLVD  | 2.3 STREET ADDRESS                                    |       |
| CITY-ST-ZIP                | PALM BCH FL            | 2.4 CITY-ST-ZIP                                       | 33480 |
| TITLE                      |                        | 3.1 TITLE   |       |
| NAME                       |                        | 3.2 NAME  |       |
| STREET ADDRESS             |                        | 3.3 STREET ADDRESS                                    |       |
| CITY-ST-ZIP                |                        | 3.4 CITY-ST-ZIP                                       |       |
| TITLE                      |                        | 4.1 TITLE   |       |
| NAME                       |                        | 4.2 NAME  |       |
| STREET ADDRESS             |                        | 4.3 STREET ADDRESS                                    |       |
| CITY-ST-ZIP                |                        | 4.4 CITY-ST-ZIP                                       |       |
| TITLE                      |                        | 5.1 TITLE   |       |
| NAME                       |                        | 5.2 NAME  |       |
| STREET ADDRESS             |                        | 5.3 STREET ADDRESS                                    |       |
| CITY-ST-ZIP                |                        | 5.4 CITY-ST-ZIP                                       |       |
| TITLE                      |                        | 6.1 TITLE   |       |
| NAME                       |                        | 6.2 NAME  |       |
| STREET ADDRESS             |                        | 6.3 STREET ADDRESS                                    |       |
| CITY-ST-ZIP                |                        | 6.4 CITY-ST-ZIP                                       |       |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further 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: Jeffry M. Picower  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/96  
Date

Daytime Phone #

CR2E034 (12/95)