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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V01897

1. Corporation Name

Principal Place of Business

STRATEGIC MANAGEMENT SOLUTIONS, INC.

2519 MCMULLEN BOOTH RD #510-S SUITE 510S CLEARWATER FL 24621		2519 MCMULLEN BOOTH RD #510-S SUITE 510S CLEARWATER FL 34021		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
					12/23/1991	-, , , ,	
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number	\ 	opplied For
21	·	26			65-0314617		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Additional Required
City & State	9	City & State		· ·····	6. Election Campaign Financing	\$5.00	May Be
23	,	28		-2-3-0	Trust Fund Contribution	Added	to Fees
Zip 24 337	Country [25]	Zip C 39 3 3 7 6 1 30	ountry		This corporation owes the current year Int Personal Property Tax.	angible Yes	□No
<u>,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, </u>	g. Name and Address of Curre	ent Registered Agent	ł		10. Name and Address of New Registered	Agent	
			81	Name			
Wiand, Burton W. 601 Cleveland St.			82	Street A	Address (P.O. Box Number is Not Acceptable)		
SUIT	E 800		83				
CLEA	ARWATER FL						
			84	City	FL	85 Zip	Code
office or r agent. I a	enistered agent, or both, in the Stati	i02 and 607.1508, Florida Statutes, the e of Florida. Such change was authoric ations of, Section 607.0505, Florida S	ed by	the corpo	corporation submits this statement for the purpose of oration's board of directors. I hereby accept the appoin	cnanging it ntment as r	ts registered registered
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE: Registe	red Ager	t signature re	quired when reinstating) DATE		
12.	OFFICERS A	ND DIRECTORS 1	3.	-	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 12
TITLE	DP	☐ DELETE 1.	TITLE			Change	Addition
NAME	MORROW, JAMES E	13	NAME				
STREET ADDRESS	512 WALKER RD	i u	STREE	TADDRESS			
CITY-ST-ZIP	SAFETY HARBOR FL	1.	CITY-S	T-71P			
TITLE			TITLE	·		☐ Change	Addition
NAME	MORROW, VENA J	2	NAME				
STREET ADDRESS	512 WALKER RD			T ADORESS			
	SAFETY HARBOR FL	f	4 CITY- S	1			
CITY-ST-ZIP TITLE	OAI ETT TIANDONT E		TITLE	11-ZIP		Change	Addition
	المعمولات المعامونيينيات		NAME				
NAME				T ADDRESS			1
STREET ADDRESS	***			1			
CITY-ST-ZIP			I. CITY-S	51-ZIP		□ Change	Addition
TITLE		_	2 NAME				
NAME				TADDRESS			
STREET ADDRESS	•	1					
CITY-ST-ZIP	<u> </u>		CITY-S	T-ZIP		☐] Change	Addition
TITLE		-	NAME			C Onenge	
NAME					•		J
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			CITY-S	T-ZIP			
TITLE			TITLE	1		Change	Addition
NAME	-	1	NAME				-
STREET ANDRESS	•	6.	STREE	TADDRESS			

14. I hereby certify that the information supplied with this filling 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.

6.4 CITY-ST-ZIP

SIGNATURE:

Date (727) 791-1906

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90014 050 ***150.00