

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

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morthain</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000104761 (6)**  
 1. Corporation Name  
**SMS INTERNATIONAL CONSULTING COMPANY**



Principal Place of Business 3437 S.E. FORT KING ST. 220-B OCALA FL 34480	Mailing Address 3437 S.E. FORT KING ST. 220-B OCALA FL 34480
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*address change:*  
**1504 SW 42nd ST  
 GAINESVILLE, FL 32607**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1504 SW 42nd St</b>	2a. Mailing Address 26 <b>Serguei Lobanov</b>
Suite, Apt. #, etc. 22 <b>Gainesville FL</b>	Suite, Apt. #, etc. 27 <b>1504 SW 42nd St</b>
City & State 23 <b>1</b>	City & State 28 <b>Gainesville, FL</b>
Zip 24 <b>32607</b>	Country 25 <b>USA</b>
Country 25 <b>USA</b>	Zip 29 <b>32607</b>
Country 25 <b>USA</b>	Country 30 <b>USA</b>

3. Date Incorporated or Qualified <b>12/12/1997</b>
4. FEI Number <b>59-3505077</b>
Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**LOBANOV, SERGEI  
 3437 N.E. FORT KING ST. 220-B  
 OCALA FL 34480**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 *Serguei Lobanov* **SERGEI LOBANOV** **04.24.98**  
(Signature typed or printed name of registered agent and filed if applicable) (NOT Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> AGENT <input checked="" type="checkbox"/> DELETE
NAME	<b>SERGEI TALALENKO</b>
STREET ADDRESS	<b>5150 NW 125th STREET RD LOWELL</b>
CITY-ST-ZIP	<b>FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>AGENT</b>
1.3 STREET ADDRESS	<b>ILIA KONDRATIEV</b>
1.4 CITY-ST-ZIP	<b>5415 N.W. 23 TERR. GAINESVILLE FL 32653</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>SECRETARY</b>
2.3 STREET ADDRESS	<b>TATIANA LOBANOVA</b>
2.4 CITY-ST-ZIP	<b>1504 SW 42nd ST. GAINESVILLE FL 32607</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE *Ilia Kondratiev*

CR2E034 (10/97)