

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90020 044 ***550.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P98000091472
 1. Corporation Name
SME AMERICA, INC.



Principal Place of Business: 3972 S.W. ST. LUCIE LANE, PALM CITY FL 34990
 Mailing Address: 3972 S.W. ST. LUCIE LANE, PALM CITY FL 34990

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/27/1998**

4. FEI Number: **65-0881979** 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: Yes No

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

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

9. Name and Address of Current Registered Agent: **TAYLOR, HENRY H, 3972 S.W. ST. LUCIE LANE, PALM CITY FL 34990**

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: **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D <input type="checkbox"/> DELETE	NAME: TAYLOR, HENRY H	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS: 3972 S.W. ST. LUCIE LANE	CITY-ST-ZIP: PALM CITY FL 34990	1.2 NAME:	
TITLE: D <input type="checkbox"/> DELETE	NAME: CHUNG, JAY H	1.3 STREET ADDRESS:	
STREET ADDRESS: 3972 S.W. ST. LUCIE LANE	CITY-ST-ZIP: PALM CITY FL 34990	1.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	2.2 NAME:	
TITLE: <input type="checkbox"/> DELETE	NAME:	2.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	2.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME:	
TITLE: <input type="checkbox"/> DELETE	NAME:	3.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME:	
TITLE: <input type="checkbox"/> DELETE	NAME:	4.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
TITLE: <input type="checkbox"/> DELETE	NAME:	5.3 STREET ADDRESS:	
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE	NAME:	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	
TITLE: <input type="checkbox"/> DELETE	NAME:	6.3 STREET ADDRESS:	
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.

SIGNATURE: _____ Date: **July 11, 1999** Daytime Phone #: **561-781-2075**

CR2E034 (5/99)