FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F95000002664 (9)**

1. Corporation Name
SMARTPLAY INTERNATIONAL INC.

Principal Place of Business
1 LINDA LANE
SOUTHHAMPTON NJ 08088

Mailing Address
1 LINDA LANE
SOUTHHAMPTON NJ 08088

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

3. Date Incorporated or Qualified **06/01/1995**

3a. Date of Last Report

4. FEI Number **22-3227756** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. **Name and Address of Current Registered Agent**

BLANTON, EDWIN F
825 THOMASVILLE ROAD
TALLAHASSEE FL 32303

10. **Name and Address of New Registered Agent**

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 as the it applicable. (NOTE: Registered Agent Signature is required when no state ID) DATE

12. OFFICERS AND DIRECTORS

TITLE	CP	☐ DELETE
NAME	HERRERA, TRACEY	
STREET ADDRESS	1 LINDA LANE	
CITY-ST-ZIP	SOUTHAMPTON NJ 08088	
TITLE	CV	☐ DELETE
NAME	MICHAUD, DAVID	
STREET ADDRESS	1 LINDA LANE	
CITY-ST-ZIP	SOUTHAMPTON NJ 08088	
TITLE	D	☐ DELETE
NAME	MARKERT, THOMAS C	
STREET ADDRESS	1 LINDA LANE	
CITY-ST-ZIP	SOUTHAMPTON NJ 08088	
TITLE	S	☐ DELETE
NAME	MICHAUD, PATRICIA	
STREET ADDRESS	1 LINDA LANE	
CITY-ST-ZIP	SOUTHAMPTON NJ 08088	
TITLE	T	☐ DELETE
NAME	HERRERA, LOUIS	
STREET ADDRESS	1 LINDA LANE	
CITY-ST-ZIP	SOUTHAMPTON NJ 08088	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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: Patricia L. Michaud Patricia L. Michaud 4-3-96 (609) 859-1133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)