SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # H73319

(6)

SMART ACCESS, INC. Principal Place of Business Mailing Address 124 ROBIN RD SUITE 1600 POST OFFICE BOX 948447 POST OFFICE BOX 948447					
ALTAMONTE SE	PRINGS FL 32701	ALTAMONTE SPRINGS	FL 32701	3. Date Incorporated or Qualified	3a. Date of Last Report
				08/22/1985	08/10/1995
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2562017	Not Applicable
Suite, Apt #, e	etc	Suite Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State			Fee Required
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation has liability for a	T
24	25	29	30	Florida Statutes	Yes No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Re	sistered Agent
ELO	WER, BRUCE, W		81 Name		
	NORTH MAITLAND AVE		82 Street Add	iress (P.O. Box Number is Not Acceptab	e)
	FLAND FL 32751				
***************************************	IDANO IL OZIOI		83		
			84 City		85 Zip Code
					FL
	Salara di Salara Salara Salara Salara Salara Salara		oo. In o disore no nod oorp	poration submits this statement for the pu	repose or oranging its registered
office or regi agent I am f	istered agent, or both, in the Stat familiar with, and accept the obli	te of Florida. Such chance was a	nuthorized by the corporati orida Statutes.	ion's board of directors. Thereby accept	the appointment as registered
office or reging agent. I am f	istered agent, or both, in the Stat familiar with, and accept the oblig graduic typed or protection of registered a	te of Florida, Such change was a gations of, Section 607,0505, Flo	authorized by the corporation da Statules. H. Registered Agent signature requi		the appointment as registered
office or reginger Lam I	familiar with, and accept the oblig gradue typed or proted have of registered as	te of Florida, Such change was a gations of, Section 607.0505, Flo gent and the dappeabo (NO IND DIRECTORS	orida Statutes.		DA' E ERS AND DIRECTORS IN 12
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turther 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 617, Florida Statutes, and that my name appears in Brock 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)