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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # K52889

FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90027 045 ***158.75

SMARTR	ACK FINANCIAL SERVICES	S, INC.						
Principal Place	of Rucinosa	Mailing Address				-{	Eil oloh eleh ol	10 1 0101 100
Principal Place of Business Mailing Address 217 ARAGON AVENUE CORAL GABLES FL 33134 CORAL GABLES FL 33134 Mailing Address 217 ARAGON AVENUE CORAL GABLES FL 33134						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed		
	4					12/21/1988		1
Principal Place of Business 2a. Mailing Address						4. FEI Number	Apr	plied For
21 26						65-0116103	Not	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 A	
22 27 City & State						6 Election: Campaign: Financing	\$5.00 i	May Be "~ 1
23		28				Trust Fund Contribution Added to Fees		
Zip				ntry		8. This corporation owes the current year Inta	angible	
24	25 29 30		30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered /	Agent	
	ED DODEST A EGG			81	Name			
BREIER, ROBERT G., ESQ.				82	Street Addre	ass (P.O. Box Number is Not Acceptable)		
1320 S. DIXIE HWY., SUITE 830								
CORAL GABLES FL 33146				83				
				84	City	FL	85 Zip C	ode
12.		ND DIRECTORS	13.		it signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 12
TITLE	, , ,			ΠE			change	☐ Addison
NAME	V/LDE0, VOUE 2.			WE				}
STREET ADDRESS				1.3 STREET ADDRESS				
CITY-ST-ZIP	CORAL GABLES FL			1.4 CITY-ST-ZIP			[] Change	Addition
TITLE	, — — — — — — — — — — — — — — — — — — —		2.7 III 2.2 NA				د د د د د د د د د د د د د د د د د د د	
NAME	Dividoor, nober				ADDRESS			į.
STREET ADDRESS	217 ARAGON AVENUE		1		ADDRESS			
-CITY-ST-ZIP TITLE	CORAL GABLES FL VP	E:DELETE →	2.4 CI				Change	☐ Addition
NAME	BRANDON, TODD A		3.2 NA		A 20 11 11 11 11 11 11 11 11 11 11 11 11 11	المتنافة والمنافة والمتنافة والمتنافق والمتناف		
STREET ADDRESS	217 ARAGON AVE				ADDRESS			
	CORAL GABLES FL 33134		3.4. CI					
CITY-ST-ZIP TITLE	VP	☐ DELETE	4.1 TII		-		Change	Addition
NAME	BRANDON, GARRY M		4. 2 N/					
STREET ADDRESS	271 ARAGON AVE		4.3 ST	REET	ADDRESS	•		
CITY-ST-ZIP	CORAL GABLES FL 33134			TY-\$1	r-ZiP			
TITLE		☐ DELETE	5.1 TR	_		,	Change	☐ Addition
NAME			5.2 NA	ME				
STREET ADDRESS	,		5.3 ST	REET	ADDRESS			
CITY-ST-ZIP	<u> </u>			i.4 CITY-ST-ZIP				
TITLÉ			6.1 Tภ				Change	☐ Addition
NAME			6.2 NA					
STREET ADDRESS					ADDRESS		•	
000 07 TO	l		64 CF	TY-51	T-ZIP I		*	

this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information to the same legal effect as if made under oath; that I am an an an arrival empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in with an address with all other like empowered. 14. I hereby certify that the information supplied windicated on this annual report or supplemental officer or director of the corporation of the economic line in the supplemental of the supplemental of the supplemental in th

SIGNATURE:

IGNING OFFICER OR DIRECTOR