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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -6 PM 4:51

DOCUMENT # **L35572** (1)

1. Corporation Name
SMSB, INCORPORATED

Principal Place of Business	Mailing Address
C/O LABOR WORLD USA. INC. 8000 N. FEDERAL HWY. BOCA RATON FL 33487-1620	C/O LABOR WORLD USA. INC. 8000 N. FEDERAL HWY. BOCA RATON FL 33487-1620

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/05/1989	3a. Date of Last Report: 05/01/1994
2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)
4. FEI Number: 65-0185542 ☐ 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	10. Name and Address of New Registered Agent
BURRELL, PAUL M. 8000 N FEDERAL HWY. BOCA RATON FL 33487	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 familar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	BURRELL, PAUL M.	1.2 NAME		
STREET ADDRESS	5200 GODFREY ROAD	1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP		
TITLE	SDT	2.1 TITLE		☐ Change ☐ Addition
NAME	SCHUBERT, LARRY H.	2.2 NAME		
STREET ADDRESS	4469 WOODFIELD BLVD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	SCHUBERT, ALAN E.	3.2 NAME		
STREET ADDRESS	305 N VICTORIA PARK RD	3.3. STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP		
TITLE	VD	4.1 TITLE		☒ Change ☐ Addition
NAME	MORELLI, LOUIS M.	4.2 NAME		
STREET ADDRESS	12 SO CLAY	4.3 STREET ADDRESS	1807 Belk Court	
CITY-ST-ZIP	HINSDALE IL	4.4 CITY-ST-ZIP	Green, IL 60134	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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 added by attachment with an address.

SIGNATURE: [signature] President 1/12/95 (407) 922-5000 EXT 204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Area Code & Daytime Phone #

Paul M. Burrell

0270276 CP