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 # **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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **12/05/1989**

3a. Date of Last Report: **02/06/1995**

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

BURRELL, PAUL M.
8000 N FEDERAL HWY.
BOCA RATON FL 33487

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 607.0505 and 607.1505, 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	BURRELL, PAUL M.		12 NAME	
STREET ADDRESS	5200 GODFREY ROAD		13 STREET ADDRESS	
CITY, ST, ZIP	POMPANO BEACH FL		14 CITY, ST, ZIP	
TITLE	SDT	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	SCHUBERT, LARRY H.		22 NAME	
STREET ADDRESS	4469 WOODFIELD BLVD.		23 STREET ADDRESS	
CITY, ST, ZIP	BOCA RATON FL		24 CITY, ST, ZIP	
TITLE	D	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	SCHUBERT, ALAN E.		32 NAME	
STREET ADDRESS	305 N VICTORIA PARK RD		33 STREET ADDRESS	
CITY, ST, ZIP	FT. LAUDERDALE FL		34 CITY, ST, ZIP	
TITLE	VD	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	MORELLI, LOUIS M.		42 NAME	
STREET ADDRESS	1807 BELTER COURT		43 STREET ADDRESS	
CITY, ST, ZIP	GENEVA IL		44 CITY, ST, ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY, ST, ZIP			54 CITY, ST, ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY, ST, ZIP			64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this report is true, 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 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 business entity required 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 to the report or on an attachment with an address.

SIGNATURE: [signature] President 3/11/96 (407)997-5000 X264

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone Number

CR2E034 (12/95)