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Jan 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

C/O LABOR WORLD USA, INC.
8000 N. FEDERAL HWY.
BOCA RATON FL 33487-1620

Mailing Address

C/O LABOR WORLD USA, INC.
8000 N. FEDERAL HWY.
BOCA RATON FL 33487-1620



3. Date Incorporated or Qualified
12/05/1989

3a. Date of Last Report
04/15/1996

2. Principal Place of Business

21 1144 E. Newport Center Drive
Suite, Apt. #, etc.

2a. Mailing Address

26 1144 E. Newport Center Drive
Suite, Apt. #, etc.

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

22 City & State

23 Deerfield Beach FL
Zip Country

27 City & State

28 Deerfield Beach FL
Zip Country

24 33442

25 USA

29 33442

30 USA

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)

1144 E. Newport Center Drive

83

84 City

Deerfield Beach

FL

85 Zip Code

33442

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 and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BURRELL, PAUL M.
STREET ADDRESS 5200 GODFREY ROAD
CITY-ST-ZIP POMPANO BEACH FL
☐ DELETE

TITLE SDT
NAME SCHUBERT, LARRY H.
STREET ADDRESS 4469 WOODFIELD BLVD.
CITY-ST-ZIP BOCA RATON FL
☐ DELETE

TITLE D
NAME SCHUBERT, ALAN E.
STREET ADDRESS 305 N VICTORIA PARK RD
CITY-ST-ZIP FT. LAUDERDALE FL
☐ DELETE

TITLE VD
NAME MORELLI, LOUIS M.
STREET ADDRESS 1807 BELTER COURT
CITY-ST-ZIP GENEVA IL
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 1144 E. Newport Center Drive
1.4 CITY-ST-ZIP Deerfield Beach, FL 33442
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 1144 E. Newport Center Drive
2.4 CITY-ST-ZIP Deerfield Beach, FL 33442
☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 1144 E. Newport Center Drive
3.4 CITY-ST-ZIP Deerfield Beach, FL 33442
☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS 1144 E. Newport Center Drive
4.4 CITY-ST-ZIP Deerfield Beach, FL 33442
☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul M. Burrell

1/3/97 (1954) 418-6428

Daytime Phone #

CR2E034 (9/96)