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The seal of the State of Florida is a circular emblem. It features a central figure of a person standing on a small island, holding a torch aloft in their right hand. The figure is surrounded by a wreath. The words "GREAT SEAL OF THE STATE OF FLORIDA" are inscribed around the top inner edge of the circle, and "IN GOD WE TRUST" is inscribed around the bottom inner edge.

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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/05/1989	
21	1144 EAST NEWPORT CTR DR Suite, Apt. #, etc.	26	1144 EAST NEWPORT CTR DR Suite, Apt. #, etc.	4. FEI Number 65-0185542	Applied For Not Applicable
22	City & State DEERFIELD BEACH, FL	27	City & State DEERFIELD BEACH, FLA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip 33442	28	Zip 33442	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country US	29	Country US	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 PAUL M. BURRELL	85 Zip Code 33442
		82 Street Address (P.O. Box Number is Not Acceptable) 1144 EAST NEWPORT CTR DRIVE	
		83	
		84 City DEERFIELD BEACH FL	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORELLI, LOUIS M.	4.2 NAME	
STREET ADDRESS	1807 BELTER COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	GENEVA IL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 employed by the corporation; that this report is 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, if not so empowered.

SIGNATURE:

SIGNATURE AND TYPE

ATED NAME: [REDACTED] NINO: [REDACTED]

PIPE

Date _____

Daytime Phone #

CR2E034 (11/98)