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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

	ANNUAL REPORT Secretary of State  1998 DIVISION OF CORPORATIONS		Secretary of State	
	MENT # L9902 SMAN INTERNATIONAL, IN	` '		T (MB)HAN) SIR YOME DOWN BRIZE HEIR TRIV AFRIK BLOW BLOW BLOW BLOW BLOW BLOW
Principal Plac	ce of Business	Mailing Address		
P.O. BOX 2113		P.O. BOX 2113		
LARGO FL 3		LARGO FL 34649-2113		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified 09/07/1990
	Place of Business	2a. Mailing Address		4. FEI Number Applied For
21		26		65-0221853 Not Applicable
22		Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Required
City & Sta	te	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23 Zip	Country	28     Z <sub>ID</sub>	Country	Trust Fund Contribution Added to Fees  8. This corporation owes or has paid the current year Intapgible
24 5 5	25		30	Personal Property Tax due June 30, 🔲 Yes 📈 No
	g. Name and Address of Curr	ent Registered Agent	041 11	10. Name and Address of New Registered Agent
	RESSMAN, STEPHEN C.		81 Name	
10425 127 PL N LARGO FL 34843			82 Street	Address (P.O. Box Number is Not Acceptable)
	ingu fl 34043		83	
			64 City	85 Zip Code
			11'	FL   139778
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 families with, and accept the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE	XIUPUN NOC	man		4.29.91
12.	Signature, typed or printed name of registered a OFFICERS A	ND DIRECTORS	Registered Agent signature	required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE		PVPST Addition
NAME	CRESSMAN, STEPHEN C.		1.2 NAME	
STREET ADDRESS	10425 127 PL N		1.3 STREET ADDRESS	22772
CITY-ST-ZIP TITLE	LARGO FL	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	S3773
NAME		2 371170	2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	Change Addition
NAME STREET ADDRESS			3.2 NAME  3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY - ST - ZIP	
TITLE		DELETE	41 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY - ST - ZIP		DELETE	4.4 CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME		LJ OLLLIE	5.1 TITLE 5.2 NAME	Change Li Mubiton
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	

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 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 unit 3 address.

May 11 1998 8:00am