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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000003932

1. Corporation Name
SMART CARDS, INC.

Principal Place of Business
**4991 SW 123 TERACE
COOPER CITY FL 33330**

Mailing Address
**4991 SW 123 TERACE
COOPER CITY FL 33330**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **219 SE 9th St.**
Suite, Apt. #, etc.

3. Date Incorporated or Qualified
07/07/1998

4. FEI Number

☒ Applied For
☐ Not Applicable

23 City & State

27 City & State
DANIA BEACH FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip Country

29 **33004** Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**KAUFHOLD, SUSAN B
4991 SW 123 TERACE
COOPER CITY FL 33330**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Susan Kaufhold*
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 ☐ DELETE
NAME **PD KINCAIDE, JOHNNY JR**
STREET ADDRESS **223 SE 1ST STREET**
CITY-ST-ZIP **DANIA FL 33004**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VTD KAUFHOLD, SUSAN B**
STREET ADDRESS **4991 SW 123 TERRACE**
CITY-ST-ZIP **COOPER CITY FL 33330**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **219 SE 9th St**
2.4 CITY-ST-ZIP **DANIA BEACH, FL 33204**

TITLE ☐ DELETE
NAME **SD GRISH, MARILYN**
STREET ADDRESS **2473 LOB LOLLY LANE**
CITY-ST-ZIP **DEERFIELD BEACH FL 33442**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
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 617, Florida Statutes; and that my name appears in Block 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Susan Kaufhold*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99 **925-7673**
Date Daytime Phone #

CR2E037 (11/98)