FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -7 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000050923 (0)

1. Corporation Name
SHOPSMART AMERICA, INC.

Principal Place of Business	Mailing Address
~~6950 CYPRESS RD~~ ~~SUITE 210~~ ~~PLANTATION FL 33317~~	~~6950 CYPRESS RD~~ ~~SUITE 210~~ ~~PLANTATION FL 33317~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/21/1993	3a. Date of Last Report: 04/04/1994
4. FEI Number: 65-0425224	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 1165 MANOR CT.	26 1165 MANOR DR.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: FT LAUDERDALE FL	28 City & State: FT LAUDERDALE
24 Zip: 33326 25 Country: USA	29 Zip: FL 33326 30 Country: USA

9. Name and Address of Current Registered Agent

LEGAL INFORMATION SERVICES, INC.
1290 WESTON RD
SUITE 214
FT LAUDERDALE FL 33326

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 607.0502 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 _____ DATE
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☑ Change ☐ Addition
NAME	PILELSKY, HERBERT R	12 NAME		
STREET ADDRESS	~~6950 CYPRESS RD SUITE 210~~	13 STREET ADDRESS	1165 MANOR CT	
CITY-ST-ZIP	~~PLANTATION FL 33317~~	14 CITY-ST-ZIP	FT LAUDERDALE FL 33326	
TITLE	D	21 TITLE		☑ Change ☐ Addition
NAME	PILELSKY, ANNETTE G	22 NAME		
STREET ADDRESS	~~6950 CYPRESS RD SUITE 210~~	23 STREET ADDRESS	1165 MANOR CT	
CITY-ST-ZIP	PLANTATION FL 33317	24 CITY-ST-ZIP	FT LAUDERDALE 33326	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	PILELSKY, ELLEN B	32 NAME		
STREET ADDRESS	~~6950 CYPRESS RD SUITE 210~~	33 STREET ADDRESS	1165 Manor Ct	
CITY-ST-ZIP	PLANTATION FL 33317	34 CITY-ST-ZIP	Ft Lauderdale 33326	
TITLE	D	41 TITLE		☑ Change ☐ Addition
NAME	OPPENHEIM, ROY D	42 NAME		
STREET ADDRESS	~~6950 CYPRESS RD SUITE 210~~	43 STREET ADDRESS	1165 Manor Ct	
CITY-ST-ZIP	PLANTATION FL 33317	44 CITY-ST-ZIP	Ft Lauderdale 33326	
TITLE	D	51 TITLE		☑ Change ☐ Addition
NAME	LEVINE, RHODA G	52 NAME		
STREET ADDRESS	~~6950 CYPRESS RD SUITE 210~~	53 STREET ADDRESS	1165 Manor Ct	
CITY-ST-ZIP	PLANTATION FL 33317	54 CITY-ST-ZIP	Ft Lauderdale 33326	
TITLE	D	61 TITLE		☑ Change ☐ Addition
NAME	LEVINE, BARRY S	62 NAME		
STREET ADDRESS	~~6950 CYPRESS RD SUITE 210~~	63 STREET ADDRESS	1165 Manor Ct	
CITY-ST-ZIP	PLANTATION FL 33317	64 CITY-ST-ZIP	Ft Lauderdale 33326	

14. I do hereby certify that the information supplied with this filing is 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 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 addition.

SIGNATURE: Annette Pilelsky ANNETTE PILELSKY 3/3/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — DATE — Daytime Phone #

0220237 CP