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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P94000015239

FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

FILED Feb 13, 1999 8:00 am Secretary of State Katherine Harris Secretary of State

02-13-1999 90020 009 ***150.00

S.M.S.I.	COMPANY OF AMERICA	, INC.								
Principal Plac	ce of Business	Mailing Address				14011001 IEU EBEN 91411 1			3	
P.O. BOX 9255		P.O. BOX 92556								
LAKELAND FL 33804 LAKELAND FL 33804						•				
							WRITE IN T	IIS SPACE		
						ncorporated or Qua	alifed			
						8/1994	i			
2. Principal F	Place of Business	2a. Mailing Address			4. FEI No			A	oplied For	12.
21		26			59-3	300634			ot Applicable	3
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certifo	ate of Status Desire	ed 🔲		Additional	1
City & Sta	to.	City & State				·			equired	
23	me	28				on Campaign Finan	cing 🗆		May Be	
Zip	Country	Zíp	Cour	ntry		Fund Contribution		-	to Fees	
24	25	29	30	,		orporation owes the nal Property Tax.	currem year	Yes	□No ·	
	9. Name and Address of Curi		1301			and Address of N	lew Register			
				81 Name						
	LOCK, DAVID D JR			82 Street Add	d (D.O. D	. N N A .			•	
	E`LAKE MORTON DRIVE			5treet Add	aress (P.O. Bo)	x Number is Not Ac	ceptable)			
LAK	ELAND FL 33801			83		- 1 2.78 Mar	13-1.5			
			-	24 00						
				84 City				85 Zip	Code "' '"	
	and the second s			0.0,			 	' L _		
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statu	tes, the ab	ove-named cor	rporation submi	its this statement for	r the purpose	of changing its	registered	
onice or i	to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obli	ite of Florida. Such change was a	suthorized	ove-named cor	rporation submi tion's board of o	its this statement for directors. I hereby a	r the ouroose	of changing its	registered gistered	
agent. I a	registered agent, or both, in the Sta am familiar with, and accept the obli	ite of Florida. Such change was a	suthorized	ove-named cor	rporation submi tion's board of o	its this statement fo directors. I hereby a	r the ouroose	of changing its	registered egistered	
SIGNATURE	registered agent, or both, in the Sta am familiar with, and accept the oblin Signature, typed or printed name of registered a	ite of Florida. Such change was a gations of, Section 607.0505, Floridation of the identity of applicable. (NOTI	suthorized orida Statu E: Registered A	ove-named cor by the corporat les.	tion's board of o	directors. I hereby a	r the purpose accept the app	of changing its pointment as re	gistered	á
SIGNATURE	registered agent, or both, in the Sta am familiar with, and accept the oblin Signature, typed or printed name of registered a	ite of Florida. Such change was a ligations of, Section 607.0505, Floring agent and title if applicable. (NOTI AND DIRECTORS	euthorized orida Statut E: Registered A	ove-named cor by the corporat les.	tion's board of o	directors. I hereby a	r the purpose accept the app	of changing its pointment as re	PRS IN 12	(308)
SIGNATURE 12.	registered agent, or both, in the Sta am familiar with, and accept the obling signature, typed or printed name of registered a OFFICERS.	ite of Florida. Such change was a gations of, Section 607.0505, Floridation of the identity of applicable. (NOTI	suthorized orida Statu E: Registered A	ove-named cor by the corporat les.	tion's board of o	directors. I hereby a	r the purpose accept the app	of changing its pointment as re	gistered	(44)08)
agent. I a SIGNATURE 12. TITLE NAME	registered agent, or both, in the Sta am familiar with, and accept the obling Signature, typed or printed name of registered a OFFICERS. D BASS, STUART	ite of Florida. Such change was a ligations of, Section 607.0505, Floring agent and title if applicable. (NOTI AND DIRECTORS	euthorized orida Statut E: Registered A	ove-named corby the corporates.	tion's board of o	directors. I hereby a	r the purpose accept the app	of changing its pointment as re	PRS IN 12	134:(11/08)
SIGNATURE 12. TITLE NAME STREET ADDRESS	registered agent, or both, in the Sta am familiar with, and accept the oblining signature, typed or printed name of registered a OFFICERS D BASS, STUART P.O. BOX 92556 N/A	ite of Florida. Such change was a ligations of, Section 607.0505, Floring agent and title if applicable. (NOTI AND DIRECTORS	E: Registered A 1.1 TITL 1.2 NAM	ove-named corby the corporates.	tion's board of o	directors. I hereby a	r the purpose accept the app	of changing its pointment as re	PRS IN 12	JE034:(447)08)
office or i agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the Sta am familiar with, and accept the obling Signature, typed or printed name of registered a OFFICERS. D BASS, STUART	ite of Florida. Such change was a igations of, Section 607.0505, Fix agent and title if applicable. (NOTI AND DIRECTORS	E: Registered A 13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CIT	ove-named corby the corporaties. Igent signature requires E ME EET ADORESS (-ST-ZIP	tion's board of o	directors. I hereby a	r the purpose accept the app	of changing its pointment as re AND DIRECTO	DRS IN 12	P2E034:(11/08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the Sta am familiar with, and accept the oblining signature, typed or printed name of registered a OFFICERS D BASS, STUART P.O. BOX 92556 N/A	ite of Florida. Such change was a ligations of, Section 607.0505, Floring agent and title if applicable. (NOTI AND DIRECTORS	E: Registered A 13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CITA 2.1 TITL	ove-named corby the corporaties. Igent signature require E HE EEET ADORESS (-ST-ZIP) E	tion's board of o	directors. I hereby a	r the purpose accept the app	of changing its pointment as re	PRS IN 12	CP2E034:(44)08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the Sta am familiar with, and accept the oblining signature, typed or printed name of registered a OFFICERS D BASS, STUART P.O. BOX 92556 N/A LAKELANDL FL 33804-2556	ite of Florida. Such change was a igations of, Section 607.0505, Fix agent and title if applicable. (NOTI AND DIRECTORS	E: Registered A 13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CITL 2.2 NAA	ove-named corby the corporaties. Agent signature require E E E E E E T T T T T T T	tion's board of o	directors. I hereby a	r the purpose accept the app	of changing its pointment as re AND DIRECTO	DRS IN 12	CD2E034:(44708)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the Sta am familiar with, and accept the oblining signature, typed or printed name of registered a OFFICERS D BASS, STUART P.O. BOX 92556 N/A LAKELANDL FL 33804-2556	ite of Florida. Such change was a igations of, Section 607.0505, Fix agent and title if applicable. (NOTI AND DIRECTORS	E: Registered A 13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CITA 2.1 TITL 2.2 NAA 2.3 STR	ove-named corby the corporaties. Gent signature requires E E E E E E E E E E E E E	tion's board of o	directors. I hereby a	r the purpose accept the app	of changing its pointment as re AND DIRECTO	DRS IN 12	CD2E034:/44/08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the Sta am familiar with, and accept the oblining signature, typed or printed name of registered a OFFICERS D BASS, STUART P.O. BOX 92556 N/A LAKELANDL FL 33804-2556	ite of Florida. Such change was a igations of, Section 607.0505, Fix agent and title if applicable. (NOTI AND DIRECTORS DELETE	E: Registered A 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CITY 2.4 CITY 2.5 CITY 2.5 CITY 2.7	ove-named corby the corporaties. Gent signature require E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP E EET ADDRESS (-ST-ZIP	tion's board of o	directors. I hereby a	r the purpose accept the app	of changing its pointment as re AND DIRECTO Change	DRS IN 12 Addition	CD2E034:(44)08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	registered agent, or both, in the Sta am familiar with, and accept the oblining signature, typed or printed name of registered a OFFICERS D BASS, STUART P.O. BOX 92556 N/A LAKELANDL FL 33804-2556	ite of Florida. Such change was a igations of, Section 607.0505, Fix agent and title if applicable. (NOTI AND DIRECTORS	E: Registered A 13. 1.1 TITL 12 NAM 13 STR 1.4 CITL 22 NAM 23 STR 2.4 CIT 3.1 TITL	ove-named corby the corporaties. Gent signature requirements for the corporation of the	tion's board of o	directors. I hereby a	r the purpose accept the app	of changing its pointment as re AND DIRECTO	DRS IN 12	CD2E03A:(44)08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	registered agent, or both, in the Sta am familiar with, and accept the obling signature, typed or printed name of registered a OFFICERS. D BASS, STUART P.O. BOX 92556 N/A LAKELANDL FL 33804-2556	ite of Florida. Such change was a igations of, Section 607.0505, Fix agent and title if applicable. (NOTI AND DIRECTORS DELETE	E: Registered A 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM	ove-named corby the corporaties. Agent signature requirement of the corporation of the c	tion's board of o	directors. I hereby a	r the purpose accept the app	of changing its pointment as re AND DIRECTO Change	DRS IN 12 Addition	CD2E034:(44)08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	registered agent, or both, in the Sta am familiar with, and accept the obling signature, typed or printed name of registered a OFFICERS. D BASS, STUART P.O. BOX 92556 N/A LAKELANDL FL 33804-2556	ite of Florida. Such change was a igations of, Section 607.0505, Fix agent and title if applicable. (NOTI AND DIRECTORS DELETE	E: Registered A 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITM 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR	Ove-named corby the corporaties. Gent signature requirements for the corporation of the	tion's board of o	directors. I hereby a	r the purpose accept the app	of changing its pointment as re AND DIRECTO Change	DRS IN 12 Addition	CB0E004:(44/00)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the Sta am familiar with, and accept the obling signature, typed or printed name of registered a OFFICERS. D BASS, STUART P.O. BOX 92556 N/A LAKELANDL FL 33804-2556	ite of Florida. Such change was a rigations of, Section 607.0505, Fix agent and title if applicable. (NOTI AND DIRECTORS DELETE	E: Registered A 13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 3.4 CITL 3.5 NAM 3.5 STR 3.4 CITL	Ove-named corby the corporatiles. Agent signature requirements E AE EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP	tion's board of o	ONS/CHANGES TO	r the purpose accept the app DATE D OFFICERS	of changing its pointment as re AND DIRECTO Change Change	DRS IN 12 Addition Addition	CD2E034:(14)08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE NAME TITLE TITLE	registered agent, or both, in the Sta am familiar with, and accept the obling signature, typed or printed name of registered a OFFICERS. D BASS, STUART P.O. BOX 92556 N/A LAKELANDL FL 33804-2556	ite of Florida. Such change was a igations of, Section 607.0505, Fix agent and title if applicable. (NOTI AND DIRECTORS DELETE	### Registered ### ### ### ### ### ### ### ### ### #	Ove-named corby the corporatiles. Agent signature requirements E AE EET ADDRESS Y-ST-ZIP E EET ADDRESS	tion's board of o	directors. I hereby a	r the purpose accept the app DATE D OFFICERS	of changing its pointment as re AND DIRECTO Change	DRS IN 12 Addition Addition	CD2E024:114/000
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	registered agent, or both, in the Sta am familiar with, and accept the obligation of the state o	ite of Florida. Such change was a rigations of, Section 607.0505, Fix agent and title if applicable. (NOTI AND DIRECTORS DELETE	### STATE ### ST	Ove-named corby the corporaties. Signature requirements for the corporation of the corpo	tion's board of o	ONS/CHANGES TO	r the purpose accept the app DATE D OFFICERS	of changing its pointment as re AND DIRECTO Change Change	DRS IN 12 Addition Addition	CD2E034:(44)08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	registered agent, or both, in the Sta am familiar with, and accept the obligation of the state o	ite of Florida. Such change was a rigations of, Section 607.0505, Fix agent and title if applicable. (NOTI AND DIRECTORS DELETE	### STREET ### S	ove-named corby the corporatives. Igent signature requirements E ME EEET ADDRESS Y-ST-ZIP EEET ADDRESS Y-ST-ZIP EEET ADDRESS Y-ST-ZIP EAE EEET ADDRESS ABE EEET ADDRESS	tion's board of o	ONS/CHANGES TO	r the purpose accept the app DATE D OFFICERS	of changing its pointment as re AND DIRECTO Change Change	DRS IN 12 Addition Addition	CD9E034:(44)08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	registered agent, or both, in the Sta am familiar with, and accept the obligation of the state o	ite of Florida. Such change was a gations of, Section 607.0505, Fix agent and title if applicable. (NOTI AND DIRECTORS DELETE DELETE	### Registered ### Registered ### ### ### ### ### ### ### ### ### #	OVE-named corby the corporatives. Signature requirements for the corporatives. Signature requirements for the corporatives. Signature requirements for the corporative for the corporat	tion's board of o	ONS/CHANGES TO	r the purpose accept the app DATE D OFFICERS	of changing its pointment as re AND DIRECTO Change Change	DRS IN 12 Addition Addition	CD2E03A://1/08\
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE	registered agent, or both, in the Sta am familiar with, and accept the obligation of the state o	ite of Florida. Such change was a rigations of, Section 607.0505, Fix agent and title if applicable. (NOTI AND DIRECTORS DELETE	### Registered ### Registered ### ### ### ### ### ### ### ### ### #	Ove-named corby the corporatives. Agent signature required tes. AGE EET ADDRESS (-ST-ZIP) EET ADDRESS	tion's board of o	ONS/CHANGES TO	r the purpose accept the app DATE D OFFICERS	of changing its pointment as re AND DIRECTO Change Change	DRS IN 12 Addition Addition	CD2E034://1/08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME	registered agent, or both, in the Sta am familiar with, and accept the obligation of the state o	ite of Florida. Such change was a gations of, Section 607.0505, Fix agent and title if applicable. (NOTI AND DIRECTORS DELETE DELETE	### Registered ### Registered ### ### ### ### ### ### ### ### ### #	OVE-named corby the corporatives. Signature requirements for the corporatives. Signature requirements for the corporatives. Signature requirements for the corporative for the corporat	tion's board of o	ONS/CHANGES TO	r the purpose accept the app DATE D OFFICERS	of changing its pointment as re AND DIRECTO Change Change	DRS IN 12 Addition Addition Addition Addition Addition	CD2E034:(14)'08)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	registered agent, or both, in the Sta am familiar with, and accept the obligation of the state o	ite of Florida. Such change was a gations of, Section 607.0505, Fix agent and title if applicable. (NOTI AND DIRECTORS DELETE DELETE	### STREET STREET ### STREE	ove-named corby the corporatives. Signature requirements for the corporatives. Signature requirements for the corporatives. Signature requirements for the corporative for the corporat	tion's board of o	ONS/CHANGES TO	r the purpose accept the app DATE D OFFICERS	of changing its pointment as re AND DIRECTO Change Change	DRS IN 12 Addition Addition Addition Addition Addition	(2)3
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST- ZIP	registered agent, or both, in the Sta am familiar with, and accept the obligation of the state o	ite of Florida. Such change was a gations of, Section 607.0505, Fix agent and title if applicable. (NOTI AND DIRECTORS DELETE DELETE DELETE	### STREET STREET ### STREE	OVE-named corby the corporatives. Signature requirements for the corporatives. Signature requirements for the corporatives. Signature requirements for the corporative for the corporative for the corporation for the corporat	tion's board of o	ONS/CHANGES TO	r the purpose accept the app DATE D OFFICERS	of changing its pointment as re	DRS IN 12 Addition Addition Addition Addition	CBOED3A444 (308)
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	registered agent, or both, in the Sta am familiar with, and accept the obligation of the state o	ite of Florida. Such change was a gations of, Section 607.0505, Fix agent and title if applicable. (NOTI AND DIRECTORS DELETE DELETE	### STATES ### S	ove-named corby the corporatives. gent signature requirement of the corporatives. E ME EEET ADDRESS (-ST-ZIP) E	tion's board of o	ONS/CHANGES TO	r the purpose accept the app DATE D OFFICERS	of changing its pointment as re AND DIRECTO Change Change	DRS IN 12 Addition Addition Addition Addition Addition	2.5.233 CD3E038://4/08/
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY- ST- ZIP	registered agent, or both, in the Sta am familiar with, and accept the obligation of the state o	ite of Florida. Such change was a gations of, Section 607.0505, Fix agent and title if applicable. (NOTI AND DIRECTORS DELETE DELETE DELETE	### Registered ### 13. 1.1 TITL	ove-named corby the corporatives. gent signature requirement of the corporatives. E ME EEET ADDRESS (-ST-ZIP) E	tion's board of o	ONS/CHANGES TO	r the purpose accept the app DATE D OFFICERS	of changing its pointment as re AND DIRECTO Change Change Change	DRS IN 12 Addition Addition Addition Addition	2-275

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 of 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 an attachment with an address, with all other like empowered.