SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Oct 07 1998 8:00am

Secretary of State

Sandra B. Mortham

ONE HARBOUR PLACE . 4TH FLOOR BOX 3239

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000

P94000071083 (7)

Mailing Address

SMARTLIVING, INC.

Principal Place of Business

ONE THIRDOUR PLACE

ATTN: STEVE MARLOWE TAMPA FL 30001-3239 300 S. Hydre Rick Ave #180				DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualified	
Tampy PL 33606					09/27/1994	
2. Principal Place of Business 2a. Malling Address					4. FEI Number	Applied For
21		26		59-3333300	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution		
Zip	Country	Zip	Country		8. This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Property Tax due June 30. Yes No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
MARLOWE, STEPHEN D				i Name		
SHE HARBOUR PLACE				Street A	Address (P.O. Box Number is Not Acceptable)	
300 S. Hyde Park Ave #180 Tampa FL 33606						
30	o si flyde lark	Anc 41/8m	83	3		
Ta	impa FL	33606	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					required when reinstating) DATE	<u>.</u>
12.	Signature, typied or printed name of registered ager	ID DIRECTORS	13.	Agent signature	ADDITIONS/CHANGES TO OFFICERS AN	DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		ADDITIONS/OFFICERS AF	<del>                                      </del>
NAME	DEWELL, ROD	[_] DELETE	1.2 NAME	1		Change Addition
STREET ADDRESS	4307 WOODMERE ROAD		•	T ADDRESS		
CITY-ST-ZIP	TAMPA FL 33609		1.4 CITY-S			
TITLE	D	DELETE	2.1 TITLE	71368		Change Addition
NAME	MARLOWE, PATRICK C	[] Occert	2.2 NAME			Ondingo [
STREET ADDRESS	1124 RICARDO PL N		2.3 STREE	TADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33702		2.4 CITY-S			-tu
TITLE	D	DELETE	3.1 TITLE			Change Addition
NAME	MARLOWE, STEPHEN D		3.2 NAME			
STREET ADDRESS	210 S HUBERT AVE		3.3 STREE	TADDRESS		
CITY-ST-ZIP	TAMPA FL 33609		3.4 CITY-S	T-ZIP		
TITLE		DELETE	4.1 TITLE			Change Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		
TITLE		DELETE	5.1 TITLE		-	Change Addition
NAME			5 2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZIP			5.4 CITY-S	T-ZIP		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	TADDRESS		

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 both; 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 additional with an address.