

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

FILED  
May 08 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000075488 (4)

1. Corporation Name

SMART FROM THE START CORPORATION

Principal Place of Business

1101-7 S ROGERS CIR  
BOCA RATON FL 33487

Mailing Address

1101-7 S ROGERS CIR  
BOCA RATON FL 33487-2748

3. Date Incorporated or Qualified

10/12/1994

3a. Date of Last Report

03/18/1996

2. Principal Place of Business

21 3200 N. Military Trail

Suite, Apt. #, etc

22 Suite 300

City & State

23 Boca Raton, FL

Zip

24 33431

Country

25

2a. Mailing Address

26 3200 N. Military Trail

Suite, Apt. #, etc.

27 Suite 300

City & State

28 Boca Raton, FL

Zip

29 33431

Country

30

4. FEI Number

65-0558244

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

9. Name and Address of Current Registered Agent

CHYCHRUN, NANCY  
1101-7 S ROGERS CIR  
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name

Jeffrey L. Monda

82 Street Address (P.O. Box Number is Not Acceptable)

Smart from the Start Corporation

83

3200 N. Military Trail, Suite 300

84 City

Boca Raton

FL

85 Zip Code

33431

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

Jeffrey L. Monda, V.P.

04/30/97

Signature and printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PCEO ☐ DELETE  
NAME SKLAYER, DAVID  
STREET ADDRESS 1101-7 S. ROGERS CIR.  
CITY- ST- ZIP BOCA RATON FL

TITLE D ☒ DELETE  
NAME CHYCHRUN, NANCY  
STREET ADDRESS 1101-7 S ROGERS CIR  
CITY- ST- ZIP BOCA RATON FL 33487

TITLE ST ☐ DELETE  
NAME MONDA, JEFF  
STREET ADDRESS 1101-7 S ROGERS CIR  
CITY- ST- ZIP BOCA RATON FL

TITLE C ☒ DELETE  
NAME GARFIELD, BARRY  
STREET ADDRESS 1101-7 S. ROGERS CIR  
CITY- ST- ZIP BOCA RATON FL

TITLE D ☐ DELETE  
NAME LEAF, ROBERT  
STREET ADDRESS 1101-7 S. ROGERS CIR  
CITY- ST- ZIP BOCA RATON FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PCEO ☒ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS 3200 N. Military Trail, Suite 300  
14 CITY- ST- ZIP Boca Raton, FL 33431

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY- ST- ZIP

31 TITLE VPSTD ☒ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS 3200 N. Military Trail, Suite 300  
34 CITY- ST- ZIP Boca Raton, FL 33431

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY- ST- ZIP

51 TITLE ☒ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS 3200 N. Military Trail, Suite 300  
54 CITY- ST- ZIP Boca Raton, FL 33431

61 TITLE D ☐ Change ☒ Addition  
62 NAME Murphy, Loretta A.  
63 STREET ADDRESS 3200 N. Military Trail, Suite 300  
64 CITY- ST- ZIP Boca Raton, FL 33431

14. I do 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 amended) or on an attachment with an address.

SIGNATURE:

Signature and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(561) 988-9303

Date

Daytime Phone #

033882

CR2E034 (9/96)