

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000035518 (6)

1. Corporation Name

SMART PHONE AMERICA, INC.



Principal Place of Business

34 ALHAMBRA ST.
PONTE VEDRA BEACH FL 32082

Mailing Address

34 ALHAMBRA ST.
PONTE VEDRA BEACH FL 32082

3. Date Incorporated or Qualified
05/05/1995

3a. Date of Last Report

2. Principal Place of Business:

2a. Mailing Address

21

26

P.O. Box 51527

4. FEI Number
59-3314489

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

JACKSONVILLE BEACH, FL.

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

23

28

Zip Country

32240-1527 US

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

24

25

29

30

US

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes



Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THEALE, RUDY
34 ALHAMBRA ST.
PONTE VEDRA BEACH FL 32082

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

Signature by officer or director of corporation or registered agent

Signature by new registered agent (signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
D
THEALE, RUDY
34 ALHAMBRA ST.
PONTE VEDRA BEACH FL 32082

DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

TITLE
NAME
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CITY-STATE-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

Change Addition

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)(k), 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 address.

SIGNATURE:

RUDY THEALE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNE 13, 1996

904-246-7678

CR2E034 (12/95)