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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P95000035518 (6)

SMART PHONE AMERICA, INC.

34 ALHAMBRA SY. PONTE VEDRA REACH EL 32082	P.O. BOX 51527 JACKSONNILLE FL 32240-1527
Principal Place of Business	Mailing Address

FILED Apr 14 1997 8:00am Secretary of State

		US							
		- -				3. Date Incorporated or Qualified	1		st Report
					05/05/1995 06/18/1996				
2. Principal Pla		2a. Mailing Addre	188			4. FEI Number			Applied For
	BEACH BLYD.	26				59-3314489			Not Applicable
Suite Apt # 22 おいてき		Suite, Apt. #, 6	etc.			5. Certificate of Status Desired		T	'5 Additional Required
City & State	SENVILLE BEACH FI	City & State				Election Campaign Financing Trust Fund Contribution	П		00 May Be led to Fees
Zin	Country	- 26	Тс	ountry		This corporation has liability for			
4 372	50 25 DUVAL	29	30			Florida Statutes	Yes [No.	or o. 199.002.,
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New F	egistered A	gent	
THEA	E, RUDY			B1	Name				
	HAMBRA ST.			82	Street Ad	dress (P.O. Box Number is Not Accept	able)		
	TE VEDRA BEACH FL 32082		83			Library			·····
							TT		
				84	City		FL	65	Zip Code
office or reg agent if am		of Florida, Such chang	e was authori:	zed by	the corpor	progration submits this statement for the ration's board of directors. I hereby acc			
SIGNATURE E	ald an appeal or transaction and of registered age	nt and title if applicable	(NOTE: Registr	ered Age	nt signature reg	quired when reinstating)	DATE		
12.	OFFICERS AND					·	AFRA LL	DIDEC	TORS IN 12
		JUIRECTORS	13	3.		ADDITIONS/CHANGES TO OFF	ICEHS AND	シリカニシ	
TillE	D	DIRECTORS		3. I TITLE		ADDITIONS/CHANGES TO OFF		Char	
THUE	D		LETE 1.1	TITLE		ADDITIONS/CHANGES TO OFF			
THUE NAME	D THEALE, RUDY		LETE 1.1	TITLE NAME	ADORESS	ADDITIONS/CHANGES TO OFF			
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4. I do need by certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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; the lam an officer or direction 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICERYOR DIRECTOR

4/1/97 964-246-7678 One Dayland Phone #