

REGISTRATION FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000091277 (0)

1. Corporation Name

SMART PRODUCTS ENTERPRISES, INC.



Principal Place of Business

9902 NORTH 19TH STREET
TAMPA FL 33612

Mailing Address

9902 NORTH 19TH STREET
TAMPA FL 33612

3. Date Incorporated or Qualified
11/30/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-3347526

Applied For

Not Applicable

22

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24

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

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD
343 ALMERIA AVENUE
CORAL GABLES FL 33134

81

Name
LOICE J. NOPSINGER

82

Street Address (P.O. Box Number is Not Acceptable)
305 W TENNESSEE AV

83

84

City
SEFFNER

FL

85

Zip Code
33584

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

Loice J. Nopsinger

LOICE J. NOPSINGER

April 17, 1996

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSTD ☐ DELETE
NAME LEONHARDT, CAROL Y
STREET ADDRESS 9902 NORTH 19TH STREET
CITY-ST-ZIP TAMPA FL 33612

1.1 TITLE ST ☒ Change ☐ Addition
1.2 NAME CAROL Y. LEONHARDT
1.3 STREET ADDRESS 9902 NORTH 19TH STREET
1.4 CITY-ST-ZIP TAMPA, FL 33612

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE P ☐ Change ☒ Addition
2.2 NAME LOICE J. NOPSINGER
2.3 STREET ADDRESS 305 W. TENNESSEE AV
2.4 CITY-ST-ZIP SEFFNER, FL 33584

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE K V ☐ Change ☒ Addition
3.2 NAME KIMBERLY R. LEONHARDT
3.3 STREET ADDRESS 8204 SHAW DR
3.4 CITY-ST-ZIP TAMPA, FL 33615

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Loice J. Nopsinger

LOICE J. NOPSINGER

4/17/96

813-9362632

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone

CR2E034 (12/95)