

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

FILED

Apr 23 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 # 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 33612-8336	
2. Principal Place of Business 21 7407 N. 56th St. #143 Suite, Apt. #, etc. 22 #143 City & State 23 TAMPA, FLA. Zip 24 33617		2a. Mailing Address 26 7407 N. 56th St. Suite, Apt. #, etc. 27 #143 City & State 28 TAMPA, FLA. Zip 29 33617 County 30 Hills.	
3. Date Incorporated or Qualified 11/30/1995		3a. Date of Last Report 04/23/1996	
4. FEI Number 59-3347526		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent NOFSINGER, LOICE J. 305 W TENNESSEE AVE SEFFNER FL 33584		10. Name and Address of New Registered Agent 81 Name CAROL Y. LEONHARDT 82 Street Address (P.O. Box Number is Not Acceptable) 7407 N. 56th St. #143 83 84 City TAMPA, FL 85 Zip Code 33617	
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: Carol Leonhardt CAROL LEONHARDT DATE: 4-15-97			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LEONHARDT, CAROL Y 9902 NORTH 19TH STREET TAMPA FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P.C. CAROL Y LEONHARDT 7407 N. 56th St. #143 TAMPA, FLA 33617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NOFSINGER, LOICE J. 305 W TENNESSEE AVE SEFFNER FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V LOICE J. NOFSINGER 118 N. MONTCLAIR AVE BRANDON, FLA. 33510
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEONHARDT, KIMBERLY R. 8204 SHAW DR TAMPA FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	S.T. KIMBERLY R. LEONHARDT 8204 SHAW DR. TAMPA, FLA. 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 changed, or on an attachment with an address.			
SIGNATURE: LOICE J. NOFSINGER		4/15/97 813-9804092	

CR2E034 (9/96)