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

PROFIT
CORPORATION
ANNUAL REPORT



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

1996

P95000095487 (1)

DOCUMENT # 1. Corporation Name SMART-NET, INC.

		 	_
Principal Place of Business			

Mailing Address



	ithwest 10th Street : Pines FL 33025	12338 SOUTHWEST 10T PEMBROKE PINES FL 3:			
				3. Date Incorporated or Qualified 12/18/1995	3a. Date of Last Report
1	Place of Business	28. Mailing Address 26 6778 Lan	tana Rd#1	·	Applied For Not Applicable
Suite, Apt		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Orty & Sta	ate	28 Lake WOLY	h, Flouda	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	29 33461	Country 30 USA	8. This corporation has liability for inte	
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Reg	Istered Agent
			81 Name		
	erg, steven a		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	PETERS ROAD				
	ND FLOOR		83		
PLANT	ATION FL 33324		84 City		85 Zip Code
. Pursuant	to the provisions of Sections 607 050	02 and 607 1508. Florida Statutos	the above named corre	ration submits this statement for the purpo ird of directors. I hereby accept the appoint	ro of changing its assistant of
SNATURE	with, and accept the obligations of, Sec Signature, bject or printed name of rejections age.	nt and title if associable (NOT)	t. Registered Agent signature require		DATE
	OFFICERS AI	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
,F 	CANCI POPERT I	☐ DELETE	1. 1 TIFLE		☐ Change ☐ Addition
AE	GANGI, ROBERT J 12338 SOUTHWEST 10TH S	TOCCT	1.2 NAME		
CFT ADDRESS	PEMBROKE PINES FL 33025		1.3 STREET ADDRESS		
<u>Y</u> ST-7∂ .F	V	T) DELETE	1.4 C(1Y - ST - 2IP		
48	ELMAN, HORATIO		2 1 TITLE		Change 🗀 Addition
e: EFT ADDRESS	40000 001171847507 40711 0	TREET	2.2 NAME		
er i muuneaa. (-ST-Zif	PEMBROKE PINES FL 3302		2.3 STREET ADDRESS		
[-31:31/	ST	[] DELETE	2 4 CHY-ST-ZIP 3 1 TITLE		Change Addition
1E	CANAVIN, RICHARD		3.2 NAME		C Cusule C Addition
ELL ADDRESS	40000 COUTINGEOT 40TH C	TREET	3.3 STREET ADDRESS		
r-St ZiP	PEMBROKE PINES FL 33025	5	3.4 CiTY+ST-ZiP		
F		DELFTE	4 1 TiTLE		☐ Change ☐ Addition
lf.			4.2 NAME		
FET ADDRESS			4.3 STREET ADDRESS	00000174· -03/15/9601049	4540
r - \$1 - ZIP			4.4 CITY - \$1 - 2IP	-03/15/960104	8009
		☐ DELETE	5 1 TITLE	***208.75	☐ Change ☐ Addition
ri.			5 2 NAME		-
FEE ADDRESS			5.3 STREET ADDRESS		
· \$1_20			5.4 CITY - \$1 - ZIP		
F		☐ DELETE	6 1 TITLE		Change Addition
1t			6 2 NAME		
EE! ADDRESS			63 STREET ADDRESS		
Y - 51 - 719	1	·-v · · · · · ·	64 CITY-ST-ZIP		
14. I do herel certify the cath; that	at the information indicated a t this and	iual report or supplemental annua oration or the receiver or trustee (hed and does not qualify for all report is true and accura empowered to execute this	or the exemption stated in Section 119.07(te and that my signature shall have the sar s report as required by Chapter 607, Florid	na lagat offact as if made un

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-96 (407)642-6633