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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000066142 (6)

FILED Apr 01 1998 8:00am Secretary of State

SMART	PROFESSIONAL SERVICE	ES, INC.	,						
Principal Plac	ce of Business	Mailing Address					01(1 03 (10 0 5)	LA BILAL LIBIL AL	018 1101 10 0 1
1427 MINEO PUNTA GORI		PO BOX 511037 PUNTA GORDA FL 33951-1037 US			DO NOT WRIT	E IN THIS	SPACE		
		US				3. Date Incorporated or Qualified	- 114 11 112	0.7.02	
						07/26/1996			
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number		I	pplied For
21		26				65-0688824			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.							Additional
22 27						5. Certificate of Status Desired			equired
City & State City & State						6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution			to Fees
Zip	Country	Zip	Co	untry		8. This corporation owes or has p	aid the cu	rrent year in	tangible
24	25	29	30			Personal Property Tax due Jun			□ No
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New R	egistered	Agent	
MC	CKINLEY, MICHAEL R			81 Name	9				
18401 MURDOCK CIRCLE PORT CHARLOTTE FL 33948				B2 Stree	t Addre	ddress (P.O. Box Number is Not Acceptable)			
				0.00	LAGGIO	diess (1.0. box Number is Not Acceptable)			
. •				83					
									<u> </u>
				84 City			FL	85 Zip	Code
office or agent. I a	registered agent, or both, in the Sta am familiar with, and accept the obt	te of Florida. Such florida State of Florida. Such Ghange waigations of, Section 607.0505.	s authorizi Florida Sta	ed by the co alutes.	rporatio	ration submits this statement for the in's board of directors. I hereby acce	purpose o	pointment as	registered
	Signature typed or printed name of registered a				re required	d when reinstaling)	DATE		
12.		ND DIRECTORS	13			ADDITIONS/CHANGES TO OFF	CERS AN		
TITLE	D DELETE					ς,		L Change	Addition
NAME	SCHULZ, ANN E			NAME					
STREET ADDRESS	1427 MINEO DR.			STREET ADDRESS					
CITY-ST-ZIP	PUNTA GORDA FL	T DC: CTC		CITY-ST-ZIP	ļ <u>.</u>				14.000
TITLE	PTD	☐ DELETE	2.1		1			L Change	
NAME	SCHULZ, MARTIN			AME					
STREET ADDRESS	1427 MINEO DR.		2.3 3	STREET ADDRESS					
CITY-ST-ZIP	PUNTA GORDA FL			CITY-ST-ZIP	4		169	TT -	T
TITLE		DELETE		TITLE				Change	Addition
NAME				MAME					
STREET ADDRESS			3.3 9	Street address					
CITY-ST-ZIP		T 3 A.S		CITY-S1-ZIP	4			T la:	1
TITLE		DELETE		ITLE	}			☐ Change	☐ Addition
NAME			4.2	NAME					
STREET ADDRESS			4.3 5	STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
TITLE		☐ DELETE	5.11	TITLE				Change	Addition
NAME			5.21	IAME					
STREET ADDRESS			5.3 \$	STREET ADDRESS					
CITY-ST-ZIP			5.4 (CITY-ST-ZIP	<u></u>				
TITLE		DELETE	6.1 1	ITLE	[Change	☐ Addition
NAME			6.21	IAME					
STREET ADDRESS			6.3 9	STREET ADDRESS					
CITY-ST-ZIP			647	ITY-ST-ZIP	1				

14. Thereby 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 signeture shall fixe 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 his appoint 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.

CICALATURE, MALLIN SC.

Person +

3/24/00

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