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

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 01, 1999 8:00 am
Secretary of State
04-01-1999 90060 023 ***150.00

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DOCUMENT # **P96000066142**

1. Corporation Name
SMART PROFESSIONAL SERVICES, INC.

Principal Place of Business
~~1427 MINEO DRIVE~~ 713 W. Retta Esplanade
PUNTA GORDA FL 33950

Mailing Address
PO BOX 511037
PUNTA GORDA FL 33951-1037
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business [21] 713 W. Retta Esplanade	2a. Mailing Address
Suite, Apt. #, etc. [22]	Suite, Apt. #, etc. [27]
City & State [23]	City & State [28]
Zip [24] Country [25]	Zip [29] Country [30]

3. Date Incorporated or Qualifed
07/26/1996

4. FEI Number **65-0688824** | Applied For / Not Applicable

5. Certifcate of Status Desired ☐ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCKINLEY, MICHAEL R 18401 MURDOCK CIRCLE PORT CHARLOTTE FL 33948	[81] Name [82] Street Address (P.O. Box Number is Not Acceptable) [83] [84] City FL [85] Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

CR2E034 (11/98)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **DVS** NAME **SCHULZ, ANN E** STREET ADDRESS **1427 MINEO DR.** CITY-ST-ZIP **PUNTA GORDA FL**	☐ DELETE		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 713 W. Retta Esplanade 1.4 CITY-ST-ZIP 33950	☒ Change ☐ Addition
TITLE **PTD** NAME **SCHULZ, MARTIN** STREET ADDRESS **1427 MINEO DR.** CITY-ST-ZIP **PUNTA GORDA FL**	☐ DELETE		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 713 W. Retta Esplanade 2.4 CITY-ST-ZIP 33950	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE: *Martin Schulze President*   3/17/99   505-0482
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #