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Jun 04 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000071515 (6)

1. Corporation Name  
SMART VENTURES, INC.



Principal Place of Business 1308 NORTH DIXIE FREEWAY NEW SMYRNA BEACH FL 32168	Mailing Address 1308 NORTH DIXIE FREEWAY NEW SMYRNA BEACH FL 32168-6008
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2. Principal Place of Business 21 812 Fairway Drive Suite, Apt. #, etc. 22 City & State 23 New Smyrna Beach, FL Zip 24 32168 Country 25 US		2a. Mailing Address 26 PO Box 1044 Suite, Apt. #, etc. 27 City & State 28 New Smyrna Beach, FL Zip 29 32170 Country 30 US		3. Date Incorporated or Qualified 08/26/1996	3a. Date of Last Report
4. FEI Number 59-3430220		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 JONES, JUDY FAYE 1308 NORTH DIXIE FREEWAY NEW SMYRNA BEACH FL 32168		10. Name and Address of New Registered Agent 81 Name Jones, Judy Faye 82 Street Address (P.O. Box Number is Not Acceptable) 812 Fairway Drive 83 84 City New Smyrna Beach FL 85 Zip Code 32168	
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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 *Judy Faye Jones* (NOTE: Registered Agent signature required when reinstating) DATE 4/29/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JONES, JUDY FAYE P.O. Box 1044 NEW SMYRNA BCH, FLA. 32170	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DP JONES, JUDY FAYE PO Box 1044 NEW SMYRNA BCH, FL 32170
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption 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.

CR2E034 (9/96)