Applied For

Fee Required \$5.00 May Be

Added to Fees

☐ Yes

□No

Not Applicable \$8.75 Additional

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

DOCUMENT # P96000073880

1. Corporation Name

SMART ADMINISTRATION CONSULTING INC.		
	•	
Principal Place of Business	Mailing Address .	
1399 EASTHELD DR CLEARWATER FL 34624	1399 EASTFIELD DR CLEARWATER FL 34624	
4 S.PHE CIR BELLEAIR FL. 33756	4. S. PHE CIR	
2. Principal Place of Business	BELLEAIR FL 33756 2a. Mailing Address	

		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
,	•	27	
City & State		City & State	_
)		28	
Zip	Country	Zip Country	

25 29 FILED Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90006 003 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

Personal Property Tax.

8. This corporation owes the current year Intangible

09/05/1996

77-0257585

4. FEI Number

المتا	9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent			10. Name and Address of New Registered Agent
		81	l Name	·
PILLO	D, MOSHE	-	C4===4	Address (P.O. Box Number is Not Acceptable)
1399	EASTFIELD DR	82	Street	Address (P.O. Box Number is Not Acceptable)
CLE/	ARWATER FL 34624	83	3	
	•	84	City	FL 85 Zip Code
44 Burniant	to the provinces of Sections 607 0502 and 607 1508. Florida Statutes to	he ahov	/e-named	comporation submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the State of Florida. Such change was autho	rized by	y the corp	oration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obligations of, Section 607.0505, Florida	Statutes	s.	4
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent and title if applicable.	etered Ann	ent sionature	required when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	Ant Signatoro	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE		1.1 TITLE		☐ Change ☐ Addition
NAME	PILLO, MOSHE	1.2 NAME		
	1399 EASTFIELD DR 4 S. PILLE CIR		ET ADDRESS	
STREET ADDRESS	TARMATER EL COLLA	1.4 CITY-5		
CITY-ST-ZIP		2.1 TITLE	31-21	Change Additio
		2.2 NAME		
NAME	toos Tromistanon		ET ADDRESS	,
STREET ADDRESS	CONTRACTOR FO			
CITY-ST-ZIP		2.4 CITY- 3.1 TITLE		Change Addition
,	_	3.2 NAME		
NAME			ET ADDRESS	·
STREET ADDRESS				
CITY-ST-ZIP		3.4. CITY- 4.1 TITLE		☐ Change ☐ Additio
TITLE	G OLLETE			
NAME		4. 2 NAME		, ,
STREET ADDRESS			ET ADDRESS	•
CITY-ST-ZIP	DELETE	4.4 CITY-5 5.1 TITLE	51-2P	Change Additio
TITLE	•	5.2 NAME		J. Marie
NAME			T ADDRESS	
STREET ADDRESS		5.4 CITY-S		
CITY-ST-ZIP		6,1 TITLE		☐ Change ☐ Additio
πILE		6.2 NAME		
NAME			ET ADDRESS	
STREET ADDRESS				
CITY-ST-ZIP		6.4 CITY-S		d in Section 119 07/3\(ii) Florida Statutes 1 further certify that the information
indicated	certify that the information supplied with this filing does not quality for the on this annual report or supplemental annual report is true and accurate	and the	at my sigi	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information nature shall have the same legal effect as if made under oath; that I am an expected the statute of the statute of the same of the statute of the same