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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

Apr 24 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000077303 (0)

SMART FINANCE, INC.

Principal Place of Business		Mailing Address	********			- I 190111 <del>8</del> 81 110 10111 19811 0011 0011			110F 1/A 1401
9100 CLAY ST		3100 CLAY ST							
8UITE 275 ORLANDO FL 32804		SUITE 275				DO NOT WE	ITE IN TUIC	PRACE	
OHLANDO PL 32804		ORLANDO FL 32804				3. Date Incorporated or Qualifie		SPACE	
						09/05/1997	u		
2. Principal Place of Busin	ess	2a. Mailing Address				4. FEI Number		1	Applied For
21	2	··				59-3467827		<del></del>	lot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & State		City & State				6. Election Campaign Financing			May Be
23	2	8				Trust Fund Contribution	' <sub>□</sub>		to Fees
Zip	Country	Zip	Coun	itry		8. This corporation owes or has			ntangible
	25 2		30			Personal Property Tax due Ju			□ No
	and Address of Current Reg	gistered Agent		B1	Name	10. Name and Address of New	Registered	Agent	
KRAMER, STU 3100 CLAY ST									
SUITE 275			1	82 5	Street Addre	ess (P.O. Box Number is Not Accep	table)		
ORLANDO FL	32804		Ī	83					******
			h.	B4 (	City			85 Zip	Code
					·		Fi	<b>_</b>	
11. Pursuant to the provisi office or registered ago	ons of Sections 607.0502 and ent, or both, in the State of Fa	d 607.1508. Florida Stat orida. Such change was	utes, the abo s authorized	ove-n by th	named corporation	oration submits this statement for the ion's board of directors. I hereby ac	e purpose	of changing	its registered
agent. Lam familiar wit	th, and accept the obligations	s of Section 607 0505 I	Elorida Statu			the sound of the obtains it holder, do	oopt ino ap	Politica	o logictorou
-•		3 01, 00000011	TOTICO CAUTO	nes.					
SIGNATURE								******	
SIGNATURE	or printed name of registered agent and OFFICERS AND DIF	Etle if applicable (Ne	O1L Registered			od when reinslating)	DATE		
SIGNATURE Signature, typed	or printed name of registered agent and	Etle if applicable (Ne		Agent s			DATE		RS IN 12
SIGNATURE SIGNATURE SIGNATURE SIGNATURE STATES	or printed name of registered agent and OFFICERS AND DIF	Ette Magnicipale (No	O1L Registered	Agent s		od when reinslating)	DATE	ID DIRECTO	RS IN 12
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CITY-ST-ZIP

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 reporter supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the deposition or the religious trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chalged or on an alla thment with an address.