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

P97000080472 (8) DOCUMENT # 1. Corporation Name

S.M.S. RESOURCES INC.

Principal Place of Business

18376 FRESH LAKE WY

Mailing Address

18376 FRESH LAKE WY

FILED May 06 1998 8:00am Secretary of State



BOCA RATON FL 33498 BOCA RATON FL 33498 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/17/1997 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable Suite, Apt. #. etc. Suite, Apt #, etc \$8.75 Additional 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zip Country Ζıp Country This corporation owes or has paid the current year Intangible 25 29 30 Yes ☐ No Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STERNBERG, SANDRA 18376 FRESH LAKE WY 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33498** 83 84 City Zip Code 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, typod or printed name of registered agent and see if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE President □ DELETE 1.1 TITLE Change ___ Addition Sandra M. Sternbera NAME 1.2 NAME 18376 Fresh Lake www STREET ADDRESS 1.3 STREET ADDRESS Boca Raton, FL 33498 CITY-ST-ZIF 1.4 CITY - S1 - ZIP TITLE DELETE Change 2.1 THLE Addition NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2. 4 City-St-ZtP TITLE ☐ DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP TITLE DELETE 4.1 THILE ☐ Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - S1 - ZIP DELETE Change TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-S1-ZIP DELETE TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling 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 it 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.