PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P98000013327

Corporation Name

CODE SMART, INC.

Principal Place of Business

Mailing Address

11522 STATE RD 84. SUITE 304 DAVIE FL 33325 11522 STATE RD 84. SUITE 304 DAVIE FL 33325

## FILED Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90104 029 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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						3. Date Incorporated or Qualifed 02/09/1998				
2. Principal Pla	ace of Business	2a. Mailing A	ddress			4. FEI Numbe	r		Apı	olied For
•	State Food 84	26 1/5	22 Stre	Zd 8	4	65-0	8 <i>13733</i>		No	Applicable
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22 304 27 304						5. Certifcate of	of Status Desired		Fee Re	quired
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<del></del>	9. Name and Address of Current	r Registered Age	<u>nt</u>	81	Name	TV. Teamo and	Address of Noir	- Caronara		<del></del> .
GOTTY, ROD					1444110					
					82 Street Address (P.O. Box Number is Not Acceptable)					
11914 SW 11TH CT										
DAVIE FL 33325				83	83				·.	
				84	City				85 Zip (	Code
					,			FL	.     -	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such cl	nange was autr	iorizea by	the corpor	ration's board of direc	tors. I hereby accep	t the appoi	ntment as reg	gistered
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered					nt signature rec	quired when reinstating)		DATE	D DIDEOTO	DO IN 40
12.	OFFICERS AND DIRECTORS		7	13.			CHANGES TO OF	FICERS AN		
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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 of trustee empowered to exempt 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

GNATURE AND TYPED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

(954) 385-9727 x /09

KZEU34 (11/98)