

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

98 JUL 29 AM 10:09

SECRETARY OF STATE
FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000043885			
1. Corporation Name SMART STAR, INC.			
Principal Place of Business 1421 MABBETTE STREET KISSIMMEE FL 34741		Mailing Address 1421 MABBETTE STREET KISSIMMEE FL 34741	
2. Principal Place of Business		2a. Mailing Address	
21	26	3. Date Incorporated or Qualified 05/13/1998	
Suite, Apt. #, etc.		4. FEI Number	
22	27	Applied For <input checked="" type="checkbox"/> Not Applicable	
City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	25	29	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DIAMOND, MARVIN 1421 MABBETTE STREET KISSIMMEE FL 34741		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 400002955314--2 83 -08/10/99--01024--005 ****150.00 ****150.00 84 City FL 85 Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	D	<input type="checkbox"/> DELETE	
NAME	DIAMOND, MARVIN		
STREET ADDRESS	1421 MABBETTE STREET		
CITY-ST-ZIP	KISSIMMEE FL 34741		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
62 NAME			
63 STREET ADDRESS			
64 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 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.			
SIGNATURE MARVIN DIAMOND MARVIN DIAMOND 7/3/99 407-933-1956			

CR2E034 (5/99)

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Florida Dept of State
Division of Corporations
P O Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

Re: Smart Star, Inc.

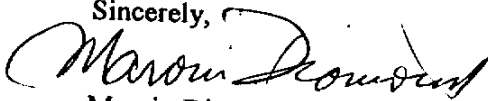
We never received a first Florida Corporation Annual Report for 1999. I was not in the state when the report was due and did not know of the filing requirement date. I do not want to create problems for you or my company.

My company can not afford to pay the penalty amount. I realize that I should have known of the filing requirement and I apologize for my delinquency. I ask that you please waive the penalty and please accept my payment of \$150.00 to cover the Annual Filing Fee. If you can not waive the fee then please do not cash our payment. I will view your cashing of my payment as an affirmative response to my request.

Again, I am sorry for the inconvenience that I have caused. I promise to never make this mistake again. Please do not punish my company for this oversight. Please waive the penalty and allow us to move into a profitable 1999.

Thank you for your patience and consideration in this situation.

Sincerely,


Marvin Diamond