PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000093835**1. Corporation Name

COLDUCATION NAME

START SMART, INC.

Principal Place of Business

Mailing Address

2396 MANGRUM DRIVE DUNEDIN FL 34698 -2306 MANGRUM-DRIVE ,DUNEDIN-FL-34698*

FILED Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90007 026 ***150.00



DO NOT WRITE IN THIS SPACE

		•				3. Date Incorporated or Qualifed 10/15/1998				
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number			Applied For	
21	000 01 200111000	26 PO. BOX	29	i i		59-3544174		_ ⊢	Not Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	., .	•				\$8.75	Additional	
27 Tampa Fl			_			5. Certifcate of Status Desired			Required	
City & State City & State				* - =-		6. Election Campaign Financing		\$5.0	0 May Be	
23		28 33601-129	{			Trust Fund Contribution		Adde	d to Fees	
Zip	Country	Zip	Coun	try		8. This corporation owes the curre	nt year Intai	ngible		
24 25 29 30				t district topolity			□No			
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent										
CORPORATION OFFINER COMPANY					81 Name					
CORPORATION SERVICE COMPANY				82 Street Address (P.O. Box Number is Not Acceptable)						
1201 HAYS STREET TALLAHASSEE FL 32301-2525										
				33						
			- 1	34 City		····		85 Zi	p Code	
				City			FL	103 2	p 0000	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
12.	OFFICERS AND DIRECTORS 13.					ADDITIONS/CHANGES TO OFF	ICERS AND	DIREC	TORS IN 12	
TITLE	D	☐ DELETE 1.3 T						Chang	e Addition	
NAME	J. CONRAD LIFSEY		1.2 NAM	E						
STREET ADDRESS	902 SOUTH DAKOTA #1B		1.3 STR	EET ADDRES	is				}	
CITY-ST-ZIP	TAMPA FL 33606			-ST-ZIP						
TITLE	D	□ DELETE	2.1 TITL		_			☐ Chang	e Addition	
NAME	MONTESANTI, GENNARO		2.2 NAM							
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STREET ADDRESS	DUNEDIN FL 34698			Y-ST-ZIP	3	•				
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NAME		_ 5224.2	3.2 NAM						_	
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STREET ADDRESS					~				ļ	
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NAME										
STREET ADDRESS				EET ADDRES	ا در					
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TITLE		☐ DETEIE	5.1 IIIL		1			ي Unang	,	
NAME				EET ADDRES						
STREET ADDRESS					2					
CITY-ST-ZIP		Delete	5.4 CITY 6.1 TITL	′-ST-ZIP =	+			Chana	e Addition	
TITLE		☐ OELETE						Chang	le □ vaoinou	
NAME			6.2 NAM		_				ļ	
STREET ADDRESS				EET ADDRES	. S				ļ	
CITY-ST-ZIP		ل	6.4 CITY	'-ST-ZIP	\perp					

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 great attachaged, or great attachaged, or great attachaged with 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 great attachaged, or great attachaged to execute this report as required by Chapter 607.

SIGNATURE:

Resident May 25 1999 813-258-

(06) Thomas