
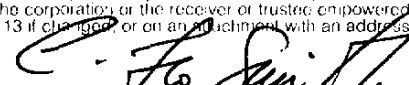


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Sep 26 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 894330 1. Corporation Name			
Smith International Ent. dba AmeriPlast			
Principal Place of Business		Mailing Address	
2. Principal Place of Business		2a. Mailing Address	
21 3041 W. McNab Rd. Suite, Apt. #, etc.		26 3041 W. McNab Rd. Suite, Apt. #, etc.	
22 N/A City & State		27 N/A City & State	
23 Pompano Beach, FL Zip		28 Pompano Beach, FL Zip	
24 33069 25 USA		29 33069 30 USA	
3. Date Incorporated or Qualified		3a. Date of Last Report	
11/15/91		05/96	
4. FEI Number		Applied For Not Applicable	
65-0297121			
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
<input type="checkbox"/>			
6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
<input type="checkbox"/>			
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
C. Leo Smith 3041 W. McNab Rd. Pompano Beach, FL 33069		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
FL		FL	
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 (NOT: Registered Agent signature required when reinstating) (N/A)			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
11 TITLE President <input type="checkbox"/> DELETE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12 NAME C. Leo Smith			
13 STREET ADDRESS 3041 W. McNab Rd.			
14 CITY-ST-ZIP Pompano Beach, FL 33069			
21 TITLE <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE <input type="checkbox"/> DELETE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			
14. I do 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:  08-25-97 954-984-4800			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/96)