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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V54869

(5)

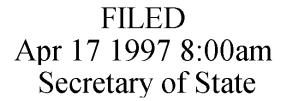
MARKETSMART USA, INC.

Principal Place of Business

Mailing Address

35111 U.S. HWY. 19 NORTH

35111 U.S. HWY. 19 NORTH





PALM HARBOR FL 34684				PALM HARBOR FL 34884-1895											
										ncorporated or Qualified	ı	ate of L 16/19		port	
2. Principal Place of Business				2a.	2a. Mailing Address					4. FEI Nu			T L	App	olied For
21			26						59-3	59-3139089			Not Applicable		
Suite, Apt #, etc.			27	Suite, Apt. #, etc.					5. Certific	cate of Status Desired		\$8.75 Additional Fee Required			
City & State			28	City & State						on Campaign Financing Fund Contribution		\$5.00 May Be Added to Fees			
24	Z <sub>i</sub> p	2	Country	29	Zip		Cou 30	ntry		I.	orporation has liability for	or intangible		der s.	199.032,
=-1			nd Address of Curre		ered Age	nt	11		···	10. Name	and Address of New	Registered	Agent		
	DELP	orte, cini	DY BAILEY					81	Name						
3059 PINE FOREST DR.								82	Street Address (P.O. Box Number is Not Acceptable)						
	PALM	HARBOR I	FL 34684					83					<b></b>		
								84	City				85	Zip C	ode
			, , , , , , , , , , , , , , , , , , ,	,				1				<u>FL</u>	Щ.	·	
	<ul> <li>Pursuant to office or reg agent. I am</li> </ul> SNATURE	i the provisio gistered age i familiar with	ns of Sections 607,050 ht, or both, in the State i, and accept the oblig	oz and 60 e of Florid gations of,	a. Such c Section 6	hange was 507.0505, F	authorized lorida Stat	d by utes	the corp	poration's board o	its this statement for the directors. I hereby acc	ept the app	ointme	ing its int as r	egistered egistered
	S	gnature hypicolor	printed name of registered ag	_ ************		(NO		Age	ni signalure	required when reinstating	B.	DATE			
12		В	OFFICERS AN	ID DIREC		1	13.			ADDITIO	ONS/CHANGES TO OF	FICERS ANI			
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	REET ADDRESS		FOREST DR.						ADORESS 4	2622	Calcridge Ct Varbor FL 34	UOK			
	Y+\$1-7⊮'	PALM DAD	BOR FL 34684			1 DELETE	1.4 CF		T-ZIP	raim T	iarbor HC 3	1803			A service
1/1		•	. O ANIDDEI		L.	] DELETE	21 TII			[		į.	A CI	ange	☐ Addition
.A.			, G. Andre' Forest Dr.				22 NA				Caldwidge Harbor, FL	Gt			
	a g . y ig g . i i a a		RBOR FL 34684				1		address (	785	Habit Cl	2111 96	•		
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NA							3.2 NA								
	RELIADORESS								ADDRESS						
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NA L ozi	Į.						6.2 N/		ABOBERS	ļ					
	REET ADDRESS								ADDRESS						
CIT	Y - \$1 - 71P						6.4 CI	1Y - S	T-ZIP	<u> </u>	40.07(0)(0. Fields Cost	. 18 45			

polied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the consumption or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that on or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name I do hereby certify that the information indicated on this annual Lam an officer or director of the appears in Block 12 or Block 13

SIGNATURE: