

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED
AND
FILED

0104133

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

98 DEC 15 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V54869 (5)
1. Corporation Name
MARKETSMART USA, INC.



REINSTATEMENT
DO NOT WRITE IN THIS SPACE

98

Principal Place of Business 35111 U.S. HWY. 19 NORTH PALM HARBOR FL 34684		Mailing Address 35111 U.S. HWY. 19 NORTH PALM HARBOR FL 34684 34750 U.S. Highway 19 N. Palm Harbor, FL 34684	
2. Principal Place of Business 21 34750 US Hwy 19 N Suite, Apt. #, etc.		2a. Mailing Address 26 34750 US Hwy 19 N. Suite, Apt. #, etc.	
City & State 23 Palm Harbor, FL Zip 24 34684		City & State 28 Palm Harbor, FL Zip 29 34684	
Country 25 USA		Country 30 USA	
3. Date Incorporated or Qualified 07/29/1992		4. FEI Number 59-3139089	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DELORTE, CINDY BAILEY 3050 PINE FOREST DR. PALM HARBOR FL 34684 G. Andre Delporte 34750 US Hwy 19 N. Palm Harbor, FL 34684		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
		G. Andre Delporte 34750 US Highway 19 N. Palm Harbor, FL 34684	

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 _____ DATE 12-4-98

(NOTE: Registered Agent signature/initials when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELORTE, CINDY BAILEY	1.2 NAME	
STREET ADDRESS	2853 OAKRIDGE CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Director/President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELORTE, G. ANDRE	2.2 NAME	G. Andre Delporte
STREET ADDRESS	2853 OAKRIDGE CT	2.3 STREET ADDRESS	34750 US Hwy 19 N.
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	Palm Harbor, FL 34684
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	200002721022-6
STREET ADDRESS		3.3 STREET ADDRESS	-12/23/98-01063-019
CITY-ST-ZIP		3.4 CITY-ST-ZIP	***750.00 ***750.00
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 supplement to an 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 amendment with an address.

SIGNATURE: _____ DATE 12-4-98 722-786-7611

(NOTE: Registered Agent signature/initials when reinstating)

CR2E034 (5/98)