

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 287718

(1)

1. Corporation Name

SMOKEY'S WHARF, INC.



Principal Place of Business

5285 PENNOCK POINTE RD.
JUPITER FL 33458

Mailing Address

5285 PENNOCK POINTE RD.
JUPITER FL 33458

3. Date Incorporated or Qualified
12/11/1964

3a. Date of Last Report
03/10/1995

2. Principal Place of Business

21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country

2a. Mailing Address

26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country

4. FEI Number

59-1066321

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MOLLE,VINCENT
5285 PENNOCK POINTE RD.
JUPITER FL 33458

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0102 and 607.1505, 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 607.0501, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Secretary of State

Signature of Registered Agent or Secretary of State

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	MOLLE,VINCENT	
STREET ADDRESS	5285 PENNOCK POINTE RD	
CITY-STATE-ZIP	JUPITER FL	
TITLE	SD	☐ DELETE
NAME	MOLLE,ALENE	
STREET ADDRESS	5285 PENNOCK POINTE RD	
CITY-STATE-ZIP	JUPITER FL	
TITLE	VD	☐ DELETE
NAME	MOLLE, ALAN	
STREET ADDRESS	3121 CAPRI ROAD	
CITY-STATE-ZIP	PALM BCH. GARDENS FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 change is, or on an attachment with an address.

SIGNATURE:

Vincent Molle PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VINCENT MOLLE

2-22-96

407-744-3178
Date of Filing

CR2E034 (12/95)