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May 03, 1999 8:00 am
Secretary of State

05-03-1999 90116 012 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F98000004427

1. Corporation Name
SMOKER'S GALLERY, INC.



Principal Place of Business
 5008 N. FEDERAL HIGHWAY
 LIGHTHOUSE POINT FL 33064

Mailing Address
 5008 N. FEDERAL HIGHWAY
 LIGHTHOUSE POINT FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/04/1998

4. FEI Number
58-1921737

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 **7200 W. Camino Real**

22 **Suite 302**

23 **Boca Raton, FL**

24 **33433**

25

2a. Mailing Address

26 **7200 W. Camino Real**

27 **Suite 302**

28 **Boca Raton, FL**

29 **33433**

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9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 607.0502 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERRY, EUGENE T	1.2 NAME	Alan Cornell
STREET ADDRESS	17759 LAKE ESTATES DRIVE	1.3 STREET ADDRESS	6921 Lions Head Lane
CITY-ST-ZIP	BOCA RATON FL 33496	1.4 CITY-ST-ZIP	Boca Raton, FL 33496
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLUE, HAROLD S	2.2 NAME	Neil Litten
STREET ADDRESS	2501 DAVIE ROAD, SUITE 230	2.3 STREET ADDRESS	7100 Queen Ferry Circle, # 3420F
CITY-ST-ZIP	FT. LAUDERDALE FL 33317	2.4 CITY-ST-ZIP	Boca Raton, FL 33496
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRASNOW, HERSHEL	3.2 NAME	
STREET ADDRESS	1111 KANE CONCOURSE, SUITE 505	3.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOUR ISLAND FL 33154	3.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, GUY F	4.2 NAME	
STREET ADDRESS	873 BURNING TRAIL	4.3 STREET ADDRESS	
CITY-ST-ZIP	CAROLSTREAM IL 60188	4.4 CITY-ST-ZIP	
TITLE	VTS <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUELL, KARL E	5.2 NAME	Karl Duell
STREET ADDRESS	450 S. PARK ROAD #109	5.3 STREET ADDRESS	105 Deer Creek Rd, # M-209
CITY-ST-ZIP	HOLLYWOOD FL 33021	5.4 CITY-ST-ZIP	Deerfield Beach, FL 33442
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 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, with all other like empowered.

SIGNATURE: *Katherine Harris* **KATHERINE HARRIS** **Duell** **4/28/99** **(561) 417-8364**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)