COF ANNU	PROFIT RPORATION JAL REPORT 1996	Sand Secr	PARTMENT OF STATE of B. Mortham elary of State of CORPORATIONS		
DOCUI	MENT # H067	13 (2)			
INDI	AN SMOKE SHOP, INC.				
Principal Place		Mailing Address			988 MIN OLOM BIGA BIBIN GIBIN BIQM BIQM
2856 NOR	n Carl Baxley Th State Road 7 OD FL 33021-2707	C/O ELTON CARL 2856 NORTH STAT HOLLYWOOD FL 3	E ROAD 7	Date Incorporated or Qualified	3a. Date of Last Report
2 Principal Pla	ace of Business			06/06/1984	05/01/1995
21 - Tillopai Fia	ace of business	2a. Mailing Address 26		4. FEI Number 59-2414065	Applied For Not Applicable
Suite, Apt. a	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State)	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip 24	Country 25	Ζφ	Country 30	8. This corporation has liability for i	ntangible tax under s 199.032,
	9. Name and Address of Current			10, Name and Address of New R	
	Y, ELTON CARL		81 Name 82 Street Add	dress (P.O. Box Number is Not Acceptab	
	NORTH STATE ROAD 7 WOOD FL 33024		63	iless (i .o. box normoel is not Acceptable	ө)

11 Purcuant to	a the provisions of Sections 607 0500		1 1 - 7		FL 85 Zip Code
The following to		and 607 1500 Florida Challe	an Alexander		
or registere familiar witl	ed agent, or both, in the State of Florida h, and accept the obligations of, Section	and 607.1508, Florida Statu a. Such change was authori on 607.0505, Florida Statute	es, the above-named corpored by the corporation's boats.	ration submits this statement for the purpard of directors. I hereby accept the appo	
familiar with	h, and accept the obligations of, Section	on 607.0505, Florida Statute	so by the corporation's boats.	ard of directors. I hereby accept the appo	pose of changing its registered office introduced introduced as registered agent. I am
familiär witl SIGNATURE	h, and accept the obligations of, Sections Signature, typed or printed name of registered eyont at OFFICERS AND	nd title if applicable. (N	tes, the above-named corporated by the corporation's boals. TE: Registered Agent signature require	ard of directors. Thereby accept the appoint of the	pose of changing its registered office introduced introduced agent. I am
familiar with SIGNATURE	h, and accept the obligations of, Section Signature, typed or printed name of registered each table OFFICERS AND DP	on 607.0505, Florida Statute.	TE: Registered Agent signature require 13. 1.1 TITLE	ard of directors. I hereby accept the appo	pose of changing its registered office introduced introduced agent. I am
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