


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

FILED  
May 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H68324 (3) 1. Corporation Name SMOKE & SNUFF II, INC.			
Principal Place of Business 14077 63RD WAY NORTH CLEARWATER FL 34622 US		Mailing Address 14077 63RD WAY NORTH CLEARWATER FL 34620 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 33760 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 33760 Country	
3. Date Incorporated or Qualified 07/26/1985		4. FEI Number 59-2572289	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		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 GORMIN, GARY P. 14077 63RD WAY NORTH CLEARWATER FL 34620 33760		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 33760	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	DVT	<input type="checkbox"/> DELETE	
NAME	FOURES, MARY ANN		
STREET ADDRESS	14077 63RD WAY NORTH		
CITY-ST-ZIP	CLEARWATER FL		
TITLE	DP	<input type="checkbox"/> DELETE	
NAME	GORMIN, RUTH L.		
STREET ADDRESS	14077 63RD WAY NORTH		
CITY-ST-ZIP	CLEARWATER FL		
TITLE	DS	<input type="checkbox"/> DELETE	
NAME	GORMIN, GARY P.		
STREET ADDRESS	14077 63RD WAY NORTH		
CITY-ST-ZIP	CLEARWATER FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

SIGNATURE:

*Gary P. Gormin*, Secy

4-29-98

(813)-531-3407

CP2E034 (10/97)