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

PROFIT CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

H68327

(6)

FILED

May 20 1998 8:00am

Secretary of State

FLORID	DA'S SMOKE & SNUFF II, II	NC.						
Principal Place	e of Business	Mailing Address				/DI BIBII BIBI	A BARA BIRIA BAR){
14077 63RD WAY CLEARWATER FL 34620		14077 63RD WAY CLEARWATER FL 34620	14077 63RD WAY CLEARWATER FL 34620		DO NOT WRITI	E IN THIS	SPACE	
					3. Date Incorporated or Qualified			
					07/26/1985			
——————————————————————————————————————	Principal Place of Business 2s. Mailing Address				4. FEI Number			pplied For
		Suite, Apt. #, etc.	# 010				ot Applicable	
22		27		5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State		City & State [28]		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip 331	60 Country	29 33160	Country 30	,	This corporation owes or has popersonal Property Tax due June		rrent year In	
	g. Name and Address of Currer		1331		10. Name and Address of New Re			
GO	RMIN, GARY P.		81	Name				
140	77 6 3RD WAY		82	Street Add	lress (P.O. Box Number is Not Accepta	ble)		
CH	EARWATER FL 34620		83			,		
			84	City			85 Zip	Code
						FL	- 35	760
office or re agent. I ar	ogistered agent, or both, in the State or familiar with, and accept the obligi	of Florida Such change was alions of Section 607,0505, F	authorized by lorida Statutes	y the corpora s.	poration submits this statement for the tion's board of directors. I hereby acce	pt the app	oointment as	registered
	Signature typed or printed name of registered age		Ti. Registered Age	ent signature requi	ired when reinstating)	DATE		
12.	OFFICERS AN	D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFI	CERS AN		
TITLE	DT FOUDES MADY ANN		1.1 TITLE				L Change	Addition
NAME FOURES, MARY ANN STREET ADDRESS 14077 63RD WAY		1.2 NAME						
ALCADIMATED EL DAGGO		1.3 STREET AODRESS						
CITY-ST-ZIP TITLE	DS DELETE		14 CHY-S	1 - ZIP			Change	Addition
NAME	GORMIN, GARY P.		2.2 NAME				C cuanta	T Vogition
STREET ADDRESS	AAATT AADD MAN		2.3 STREET	ADDDECC				
CITY-ST-ZIP	CLEARWATER FL 34620		2.4 CITY-5					
TITLE	DP	☐ DELETE 3.1		21-11			Change	Addition
NAME	GORMIN, RUTH L.		3.2 NAME		•		•	
STREET ADDRESS	14077 63RD WAY		3.3 STREET	ADDRESS				
CITY-ST-ZIP	CLEARWATER FL 34620		3.4. CITY-5	S1-ZIP				
TITLE		☐ DELETE	4.1 TITLE				Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS	ADDRESS		4.3 STREE1	ADDRESS				
CITY-ST-ZIP			4.4 CITY - S	T- ZIP				
TITLE		DELETE 5.					Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				

14. Thereby 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 supplience that 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 trystee 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 but an address.