2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L38035				FILED Jan 31, 2002 8:00 am Secretary of State			
1. Entity Name THE GREAT AMERICAN SMOKED FI	SH COMPANY			01-31-2002 90035 023			AV
Principal Place of Business 5715 MARGATE BV MARGATE FL 33063	Mailing Address 5715 MARGATE BV MARGATE FL 33063			I (ODIINIY KOA IIYKI KAYI ODITA IIIKI KIY OTALI NI	LAT OLDIA LÄHLE L	OST ÖLGTA GODA	
2. Principal Place of Business	3. Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS	SDACE		
City & State	· · · · · · · · · · · · · · · · · · ·					anlind Far	7
······	City & State	·····	4. FEI	Number 65-0166604	N	oplied For ot Applicable	- !
Zip Country	Zip	Country	<b>5.</b> Ce	rtificate of Status Desired	\$8.75 Ad Fee Require		
6. Name and Address of Current	Registered Agent	Name	7. Nai	me and Address of New Registered	Agent		-
SCHIMMEL, ROBERT L. 3191 CORAL WAY		Street Addres	Street Address (P.Q. Box Number is Not Acceptable)				
PH-2 MIAMI FL 33145		City	FL Zip Code				
SIGNATURE <u>Signature</u> , typed or printed name of registered agent 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.	FILE NOW	TE: Registered Agent signature requ !!! FEE IS \$150.00 002 Fee will be \$550.00		ating) DATE 10. Election Campaign Financing Trust Fund Contribution.	\$5.0	0 May Be	
(See criteria on back)	<u></u>	ble to Department of S					
11.     OFFICERS AND       TITLE     SD       NAME     ZACKER, HARVEY       STREET ADDRESS     5715 MARGATE BV       CITY-ST-ZIP     MARGATE FL		12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDI	TIONS/CHANGES TO OFFICERS AND		Addition	CB2E034 (9/01)
TITLE PD NAME MARKMAN, STANLEY STREET ADDRESS 5715 MARGATE BV CITY-ST- ZIP MARGATE FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE TDV NAME PFEFFER, STANLEY STREET ADDRESS 5715 MARGATE BV GITY-ST-ZIP MARGATE FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE AVP NAME MARKMAN, CRAIG STREET ADDRESS 5715 MARGATE BLVD CITY-ST-ZIP MARGATE FL 33063	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	TITLE NAME STREET ADDRESS CITY - ST - 21P			🗌 Change	Addition	
<ol> <li>I hereby certify that the information supplied with indicated on this report or supplemental report of the corporation or the receiver or these and changed, or on an attachment with an addition SIGNATURE:</li> </ol>	n this filing does not qualify for s true and accurate and that the difference of the second difference of a second difference of the second difference of the second difference of the second difference of the second difference of the second difference of the second difference of the second difference of the second diffe	t as required by Unapter b	Section 119 le same leg 307, Florida	9.07(3)(i), Florida Statutes. I further cer al effect as if made under oath; that I a Statutes; and that my name appears in	tify that the i am an officer n Block 11 o	nformation or director r Block 12 if	