

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

FILED

Apr 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000020157 (0)**  
1. Corporation Name  
**THE SMOKE SHOP, INC.**



Principal Place of Business <b>4625 TAMIAM TRAIL NORTH NAPLES FL 33940</b>	Mailing Address <b>4625 TAMIAM TRAIL NORTH NAPLES FL 33940</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/13/1995</b>	
21 Suite, Apt. #, etc	22 City & State	26 Suite, Apt. #, etc	27 City & State	4. FEI Number <b>65-0565971</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
23 Zip	24 Country	28 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
				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				10. Name and Address of New Registered Agent	
<b>RANKIN, DOUGLAS L 2335 TAMAMI TRAIL NORTH #308 NAPLES FL 33940</b>				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	<b>FL</b>
				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BLISS, CAROLYN B</b>			1.2 NAME	<b>Bliss, Carolyn B</b>		
STREET ADDRESS	<b>4625 TAMAMI TRAIL N</b>			1.3 STREET ADDRESS	<b>4625 TAMAMI TRAIL N</b>		
CITY-ST-ZIP	<b>NAPLES FL 33940</b>			1.4 CITY-ST-ZIP	<b>NAPLES FL 34103</b>		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				2.2 NAME	<b>WALLACE STERNI</b>		
STREET ADDRESS				2.3 STREET ADDRESS	<b>1745 E SHEPPARD AVE</b>		
CITY-ST-ZIP				2.4 CITY-ST-ZIP	<b>CHANDLER AZ 85225</b>		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				3.2 NAME	<b>WALLACE MARTIN</b>		
STREET ADDRESS				3.3 STREET ADDRESS	<b>1745 E SHEPPARD AVE</b>		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	<b>CHANDLER AZ 85225</b>		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
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.

SIGNATURE: *Carolyn B Bliss* **Carolyn B. Bliss** 4-15-98 941-435-1862

CR2E034 (10/97)