

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 MAY 20 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000007323 (4)

1. Corporation Name

UP IN SMOKE, INC.

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified

1/24/1996

3a. Date of Last Report

2. Principal Place of Business

21 3425 THOMASVILLE Rd.

2a. Mailing Address

26 P.O. Box 14148

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 D-3

27

City & State

23 TALLAHASSEE, FL

City & State

28 TALLAHASSEE, FL

Zip

Country

24 32308

25

Zip

Country

29 32317-4448

30

USA

4. FEI Number

59-3357222

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KARL L. SUBER

1481 GOODWOOD CT.

TALLAHASSEE, FL

32308

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PRESIDENT

☐ DELETE

NAME

KARL L. SUBER

STREET ADDRESS

1481 GOODWOOD CT.

CITY, ST, ZIP

TALLAHASSEE, FL 32308

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

11 TITLE

MARK H. SUBER

☐ Change

☒ Addition

12 NAME

VICE PRESIDENT SECRETARY, TREASURER

13 STREET ADDRESS

3510 OFFALY CT.

14 CITY, ST, ZIP

TALLAHASSEE, FL 32308

21 TITLE

☐ Change

☐ Addition

22 NAME

600002188296--8

23 STREET ADDRESS

-05/22/97--01080--017

24 CITY, ST, ZIP

***165.00 ***165.00

31 TITLE

☐ Change

☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

41 TITLE

☐ Change

☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

51 TITLE

☐ Change

☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

61 TITLE

☐ Change

☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

14. I do 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 included 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK H. SUBER

May 19, 1997

Date

688-1961

Daytime Phone

CR2E034 (9/96)