

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

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000055211 (2)

1. Corporation Name
SMOKE INN OF TEQUESTA, INC.



Principal Place of Business 815 W. BOYNTON BEACH BLVD. #13-202 BOYNTON BEACH FL 33462	Mailing Address 815 W. BOYNTON BEACH BLVD. #13-202 BOYNTON BEACH FL 33426-3666
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3. Date Incorporated or Qualified 06/28/1996	3a. Date of Last Report
4. FEI Number 65-0715599	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 241 U.S. HIGHWAY ONE Suite, Apt #, etc. 22 City & State 23 TEQUESTA, FL Zip 24 33469 Country 25 USA	2a. Mailing Address 26 241 U.S. HIGHWAY ONE Suite, Apt #, etc. 27 City & State 28 TEQUESTA, FL Zip 29 33469 Country 30 USA
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9. Name and Address of Current Registered Agent

SOMMA, JERRY A
815 W. BOYNTON BEACH BLVD.
BOYNTON BEACH FL 33435

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable) 234 SEABREEZE CIRCLE	33477
83	
84 City JUPITER	FL

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOMMA, JERRY A	1.2 NAME	
STREET ADDRESS	815 W. BOYNTON BEACH BLVD.	1.3 STREET ADDRESS	234 SEABREEZE CIRCLE
CITY - ST - ZIP	BOYNTON BEACH FL 33435	1.4 CITY - ST - ZIP	JUPITER, FL 33477
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARIZZA, RONALD T	2.2 NAME	
STREET ADDRESS	460 S. BEACH RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	HOBE SOUND FL 33455	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
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 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 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:

Jerry A. Somma
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 21, 1997 (561) 575-9015

Date

Daytime Phone #

CR2E034 (9/96)