

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Aug 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000018992 (2)

1. Corporation Name

SMOKE AFFAIR, INC.

Principal Place of Business

260 SW 11TH CT.
POMPANO BEACH FL 33060

Mailing Address

260 SW 11TH CT.
POMPANO BEACH FL 33060

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/28/1997

4. FEI Number

☒ 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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 6685 VIA REGINA

Suite, Apt. #, etc.

2a. Mailing Address

26 310 SW 18TH CT

Suite, Apt. #, etc.

City & State

23 BOCA RATON

City & State

28 POMPANO FLA

Zip

24 33433

Country

25 USA

Zip

29 33060

Country

30 USA

9. Name and Address of Current Registered Agent

FILINGS, INC.
3732 N.W. 16TH STREET
FT. LAUDERDALE FL 33311-4132

10. Name and Address of New Registered Agent

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

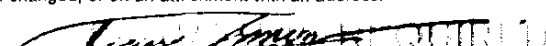
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	EMOND, JEAN	
STREET ADDRESS	260 SW 11TH CT.	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	EMOND JEAN PRESIDENT	<input type="checkbox"/> DELETE
NAME	6685 VIA REGINA	
STREET ADDRESS	BOCA RATON FLA 33433	
CITY-ST-ZIP		
TITLE	SECRETARY	<input type="checkbox"/> DELETE
NAME	MICKY HANDEL	
STREET ADDRESS	6685 VIA REGINA	
CITY-ST-ZIP	BOCA RATON FLA 33433	
TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	JEAN EMOND	
STREET ADDRESS	310 SW 18TH CT	
CITY-ST-ZIP	POMPANO FLA 33060	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MICKY HANDEL	
1.3 STREET ADDRESS	6685 VIA REGINA	
1.4 CITY-ST-ZIP	BOCA RATON FLA 33433	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:



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-08/13/98--01091--040
***150.00

8/14/98 511347-7669

CR2E034 (5/98)

SMOKE AFFAIR

WHERE EVERY DAY'S A HOLIDAY!

PG2

August 2, 1998

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir:

I recently received a notice from the Florida Department of State regarding the filing of my Corporation. I was very upset in that this was given to me by my tenant who occupies a residence at 260 S.W. 11th Court, Pompano Beach, FL 33060, where these papers were originally mailed.

When I incorporated my company, I did so through an attorney, Sharyn D. Garfield. She obviously did not put our proper corporate address on the papers and, therefore, I have not been receiving any correspondence with regard to this corporation. I have not resided in that dwelling for over two years.


My corporate address since the inception of the company has been 6685 Via Regina, Boca Raton, FL 33433. My dwelling is 310 S.W. 18th Court, Pompano Beach, FL 33060.

Had I received this notice in the proper timing, I would certainly have paid the annual filing fee promptly. It is this error and a combination of other neglects which has prompted me to release Ms. Garfield as my attorney.

As a matter of fact, I had requested that Ms. Garfield also file the necessary papers for a Tax ID number and this has not been done. I would like to know how this number can be obtained so that this can also be done in the proper way.

I respectfully ask the Division of Corporations to please accept my check in the amount of \$150 and understand that this was not an intentional neglect on the part of Smoke Affair.

Most sincerely,


Jean Emond
President