

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

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **S78230** (7)
1. Corporation Name
E. J. SMOKER & ASSOCIATES, INC.



Principal Place of Business: **9 SE 9TH AVE FT. LAUDERDALE FL 33301**
Mailing Address: **9 SE 9TH AVE FT. LAUDERDALE FL 33301-2047**

| | | | | | | | |
|---|--|------------------------|--|---|--|------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | | 3a. Date of Last Report | |
| 21 912 E. BROWARD BLVD | | 2a SAME | | 09/06/1991 | | 05/01/1996 | |
| 22 Suite, Apt. #, etc. # 1A | | 26 Suite, Apt. #, etc. | | 4. FEI Number | | Applied For | |
| 23 City & State FT. LAUDERDALE, FL | | 27 City & State | | 65-0282339 | | Not Applicable | |
| 24 Zip 33301-2067 | | 25 Country USA | | 5. Certificate of Status Desired | | 8.75 Additional Fee Required | |
| 29 Zip | | 30 Country | | 6. Election Campaign Financing Trust Fund Contribution | | 5.00 May Be Added to Fees | |
| 28 | | 30 | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | | Yes No | |

9. Name and Address of Current Registered Agent
**SMOKER, EDWARD J.
9 SE 9TH AVENUE
FT. LAUDERDALE FL 3301**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 912 E. BROWARD BLVD. #A |
| 84 City FT. LAUDERDALE FL 85 Zip Code 33301 |

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 607.0506, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4/10/97**

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | SMOKER, EDWARD J. | |
| STREET ADDRESS | 9 SE 9TH AVENUE | |
| CITY-ST-ZIP | FT. LAUDERDALE FL | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 912 E. BROWARD BLVD. #A |
| 1.4 CITY-ST-ZIP | FT. LAUDERDALE, FL 33301-2067 |
| 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 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 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: *[Signature]* DATE: **4/10/97** DAYTIME PHONE: **954-763-6053**

CR2E034 (9/96)