

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 17 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V44698** (1)

1. Corporation Name

SMOKEY FALLS CORPORATION

7339 E Colonial Suite 11

Principal Place of Business

Mailing Address

1480 ARMONE ST.
ORLANDO FL 32827

1480 ARMONE ST.
ORLANDO FL 32827

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/17/1992** 3a. Date of Last Report **04/28/1994**

4. FEI Number **59-3126967** 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**

7. This corporation has liability for intangible tax under S. 109.032, Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 *7339 E Colonial Suite 11*

26 *7339 E Colonial Suite 11*

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

Orlando Fla.

Orlando Fla.

32825

orange

32825

orange

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MANFRE, FORTUNATO J.
1480 ARMONE ST.
ORLANDO FL 32827

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

Fortunato J. Manfre

NOTE: Registered Agent signature required when registering

4-10-95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PO**
NAME **MANFRE, FORTUNATO J**
STREET ADDRESS **1480 ARMONE ST.**
CITY - ST - ZIP **ORLANDO FL 32827**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **STD**
NAME **MANFRE, BEVERLY J**
STREET ADDRESS **1480 ARMONE ST.**
CITY - ST - ZIP **ORLANDO FL 32827**

2.1 TITLE Change Addition
2.2 NAME **400001459104**
2.3 STREET ADDRESS **-04/18/95--01081--001**
2.4 CITY - ST - ZIP *****200.00 ***200.00**

TITLE **D**
NAME **MANFRE, BARBARA J**
STREET ADDRESS **1480 ARMONE ST.**
CITY - ST - ZIP **ORLANDO FL 32827**

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:

Fortunato J. Manfre

4-10-95

273.025 y

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Fee/Amount Paid