

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000088245 (2)**

1. Corporation Name

**PEMBROKE TOBACCONIST, INC.**



Principal Place of Business

Mailing Address

**4850 REGENCY COURT  
BOCA RATON FL 33434**

**4850 REGENCY COURT  
BOCA RATON FL 33434**

3. Date Incorporated or Qualified <b>11/16/1995</b>	3a. Date of Last Report
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WOLK, JOEL  
% SMOKERS GALLERY  
2356 EAST SUNRISE BLVD.  
SUNRISE FL 33304**

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 607.1506, 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 of officer or director of registered agent (if applicable)

Signature of New Registered Agent (if applicable)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<input type="checkbox"/> DELETE	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12. NAME
STREET ADDRESS		13. STREET ADDRESS
CITY- ST- ZIP		14. CITY- ST- ZIP
TITLE	<input type="checkbox"/> DELETE	2. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME
STREET ADDRESS		23. STREET ADDRESS
CITY- ST- ZIP		24. CITY- ST- ZIP
TITLE	<input type="checkbox"/> DELETE	3. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME
STREET ADDRESS		33. STREET ADDRESS
CITY- ST- ZIP		34. CITY- ST- ZIP
TITLE	<input type="checkbox"/> DELETE	4. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME
STREET ADDRESS		43. STREET ADDRESS
CITY- ST- ZIP		44. CITY- ST- ZIP
TITLE	<input type="checkbox"/> DELETE	5. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME
STREET ADDRESS		53. STREET ADDRESS
CITY- ST- ZIP		54. CITY- ST- ZIP
TITLE	<input type="checkbox"/> DELETE	6. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME
STREET ADDRESS		63. STREET ADDRESS
CITY- ST- ZIP		64. CITY- ST- ZIP

**PRESIDENT  
JOEL WOLK  
4850 REGENCY CT  
BOCA RATON FL 33434**

**800001869078  
-06/20/96--01026--014  
\*\*\*200.00**

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 119.07(3)(k) 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 in 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 or changed, if on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Joel Wolk* **JOEL WOLK, PRES** 4/30/96 407 997-8747

CR2E034 (12/95)

5/1/96