

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

FILED

**May 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

DOCUMENT # P95000088245 (2)
1. Corporation Name
TOWN CENTER TOBACCONIST, INC.



Principal Place of Business: **4850 REGENCY COURT BOCA RATON FL 33434**
Mailing Address: **4850 REGENCY COURT BOCA RATON FL 33434**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21. Sulte, Apt. #, etc.
22. City & State
23. Zip
24. Country

2a. Mailing Address
26. Sulte, Apt. #, etc.
27. City & State
28. Zip
29. Country

3. Date Incorporated or Qualified: **11/16/1995**
4. FEI Number: **65-0625465**
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

9. Name and Address of Current Registered Agent
**WOLK, JOEL
% SMOKERS GALLERY
2356 EAST SUNRISE BLVD.
SUNRISE FL 33304**

10. Name and Address of New Registered Agent
81. Name: **Gary N. Mansfield**
82. Street Address (P.O. Box Number is Not Acceptable): **5008 N. Federal Highway**
83.
84. City: **Lighthouse Point** FL 85. Zip Code: **33064**

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: **4/30/98**
(NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	D/S
NAME	WOLK, JOEL	1.2 NAME	Gary N. Mansfield
STREET ADDRESS	4850 REGENCY COURT	1.3 STREET ADDRESS	5008 N. Federal Highway
CITY-ST-ZIP	BOCA RATON FL 33434	1.4 CITY-ST-ZIP	Lighthouse Point, FL 33064
TITLE		2.1 TITLE	V
NAME		2.2 NAME	Karl E. Duell
STREET ADDRESS		2.3 STREET ADDRESS	5008 N. Federal Highway
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Lighthouse Point, FL 33064
TITLE		3.1 TITLE	P
NAME		3.2 NAME	Guy Wood
STREET ADDRESS		3.3 STREET ADDRESS	5008 N. Federal Highway
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Lighthouse Point, FL 33064
TITLE		4.1 TITLE	Coo
NAME		4.2 NAME	Joel Wolk
STREET ADDRESS		4.3 STREET ADDRESS	5008 N. Federal Highway
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Lighthouse Point, FL 33064
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signatures]*

CR2E034 (10/97)