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**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

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03/12/27

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P95000088245

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

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 the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 302 Town Center  
 Suite; Apt. #, etc.  
 22

2a. Mailing Address  
 26 7200 W. Camino Real  
 Suite; Apt. #, etc.  
 27 Suite 302

City & State  
 23 Boca Raton, FL  
 28 Boca Raton, FL

Zip Country  
 24 33431 25 Country  
 29 33433 30 Country

9. Name and Address of Current Registered Agent

MASFIELD, GARY N.  
 5008 N. FEDERAL HWY.  
 2356 EAST SUNRISE BLVD.  
 LIGHTHOUSE PT. FL 33064

10. Name and Address of New Registered Agent

81 Name Terry, Eugene  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83 17759 Lake Estates  
 84 City Boca Raton FL 85 Zip Code 33496

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]* DATE 4/28/99  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	WOOD, GUY	5008 N. FEDERAL HWY	LIGHTHOUSE FL 33064	<input checked="" type="checkbox"/>
DS	MANSFIELD, GARY N.	5008 N. FEDERAL HWY.	LIGHTHOUSE PT. FL 33064	<input checked="" type="checkbox"/>
V	DWELL, KARL E.	5008 N. FEDERAL HWY.	LIGHTHOUSE PT. FL 33064	<input type="checkbox"/>
COO	WOLK, JOEL	5008 N. FEDERAL HWY.	LIGHTHOUSE PT. FL 33064	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
C	Terry, Eugene	17759 Lake Estates	Boca Raton, FL 33496	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Blive, Harold	2555 Dame Rd, Suite 110	FT. Lauderdale, FL 33317	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Corneil Alan	6921 Lfing Head Lane	Boca Raton, FL 33496	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	Litter, Neil	7100 Queensferry Circle # 3420 F	Boca Raton, FL 33496	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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, with all other like empowered.

SIGNATURE: *[Signature]* DATE 4/28/99 (561) 417-8364  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/98)