

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

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

05-05-1999 90041 048 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000077386**

1. Corporation Name  
**THE FALLS TOBACCONIST, INC.**



Principal Place of Business 4850 REGENCY COURT BOCA RATON FL 33434	Mailing Address 4850 REGENCY COURT BOCA RATON FL 33434
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21	8888 S.W. 136 <sup>th</sup> Street	26	7200 W. Camino Real	09/17/1996		65-0700488		Not Applicable	
Suite, Apt. #, etc. 22 #435		Suite, Apt. #, etc. 27 Suite 302		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
City & State 23 Miami, FL		City & State 28 Boca Raton, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
Zip 24 33176		Country		29 33433		Country		30	
8. This corporation owes the current year Intangible Personal Property Tax.					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MANSFIELD, GARY N 5008 N FEDERAL HIGHWAY LIGHTHOUSE POINT FL 33064				81 Name Terry, Eugene L			
				82 Street Address (P.O. Box Number is Not Acceptable) 17759 Lake Estates			
				83 B			
				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 4/28/98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	COO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOLK, JOEL	1.2 NAME	Terry, Eugene
STREET ADDRESS	5008 N FEDERAL HWY	1.3 STREET ADDRESS	17759 Lake Estates
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	1.4 CITY-ST-ZIP	Boca Raton, FL 33496
TITLE	DS <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANSFIELD, GARY N	2.2 NAME	Blum, Harold
STREET ADDRESS	5008 N FEDERAL HWY	2.3 STREET ADDRESS	2555 Davie Rd, Suite 110
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	2.4 CITY-ST-ZIP	Pr. Lauderdale, FL 33317
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUELL, KARL E	3.2 NAME	Correll, Alan
STREET ADDRESS	5008 N FEDERAL HWY	3.3 STREET ADDRESS	6921 Lyons Head Lane
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	3.4 CITY-ST-ZIP	Boca Raton, FL 33496
TITLE	P <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOOD, GUY	4.2 NAME	Witten, Neil
STREET ADDRESS	5008 N FEDERAL HWY	4.3 STREET ADDRESS	7100 Queensferry Circle # 3420 F
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	4.4 CITY-ST-ZIP	Boca Raton, FL 33496
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: *Karl E. Duell* DATE: 4/28/99 DAYTIME PHONE #: (561) 417-8364  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)