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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 657236

(6)

Principal P	AMERICAN TOBACCO SHOP	Mailing Address	· · · · · · · · · · · · · · · · · · ·		
600 N CONG STE 13009	RESS	600 N CONGRESS STE 13009			
	NHC FL 33455	DELARY BEHAC FL 33455		·	
US		US		 Date Incorporated or Qualified 02/26/1980 	3a. Date of Last Report 04/16/1996
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 3	1915,W.14 PL.	26 3191 S.W.1	4- 82	59-1980957	Not Applicable
Suite, A	pt #, etc. /3	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & S		City & State	7) "	6. Election Campaign Financing	\$5,00 May Be
23 150	YNTON BEACH	28 BUYNTON	Dene 14	Trust Fund Contribution	Added to Fees
Ζφ	Country	Zip	Country	8. This corporation has liability for	
24 33	426 25 9. Name and Address of Curre	159	[30]	Florida Statutes 10. Name and Address of New R	Yes No
DI	···	ilt ueðistelen viðalit	81 Name	IO. Halle and Address of New A	edistelen Malti
	RUNO, MELBA R.			•	
	0 N CONGRESS E 13009		82 Street At	ddress (P.O. Box Number is Not Accepta	able)
	ELRAY BEACH FL 33483		65		
וט	ELNAT DEACH FL 33463		57/5		
			84 Cipp	NTON BEACH	FL 85 Zip Code 39426
11. Porsua	ant to the provisions of Sections 607 050	02 and 607 1508. Florida Statut	es, the above-named c	corporation submits this statement for the	purpose of changing its registered
office	or registered popul to both in the State	a of Florida Cuah ahansa waa	outhorized by the seems	retion's board of directors. I heroby secu	ant the appointment as registered
Office	or registered agent, or both, in the state	e of Florida, Such change was	admonzed by the corpo	prations board or directors. Thereby acci	obt and abboundation and to Brossian
1		gations of, Section 607.0505, FI	orida Statutes.	corporation submits this statement for the oration's board of directors. I hereby according	opt the appointment to jugiciory
agent. SIGNATUR	RE				
1	RE Styreature, typed or profiled name of registered ag		E Registered Agent eignature re		DATE
SIGNATUR	RE Styreature, typed or profiled name of registered ag	gent and title if applicable. (NO)	E Registered Agent eignature re	equired when reinstating)	DATE
SIGNATUF	Styrature, typied or prefed name of registered ag OFFICERS AN PD BRUNO, ANTHONY O	gent and title if applicable. (NOT ND DIRECTORS	E Registered Agent signature re 13. 1.1 TITLE 1.2 NAME	equired when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 12
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14. I do 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:

FILED

May 08 1997 8:00am

Secretary of State

0522611