

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

**FILED**  
**May 11 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # 695834 (2)**

1. Corporation Name  
**GALLERIA TOBACCONISTS, INC.**



Principal Place of Business 2356 E. SUNRISE BOULEVARD FORT LAUDERDALE FL 33304	Mailing Address 2356 E. SUNRISE BOULEVARD FORT LAUDERDALE FL 33304
--	--

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>07/23/1981</b>	
4. FEI Number <b>59-2109789</b>	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WOLK, JOEL**  
**4850 REGENCY COURT**  
**BOCA RATON FL 33434**

10. Name and Address of New Registered Agent

81 Name <i>Gary N. Mansfield</i>	
82 Street Address (P.O. Box Number is Not Acceptable) <i>5008 N. Federal Highway</i>	
83	
84 City <i>Lighthouse Point</i>	85 Zip Code <i>FL 33064</i>

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: *Gary N. Mansfield* 4/30/98

(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE PST	NAME WOLK, JOEL	DELETED
STREET ADDRESS 4850 REGENCY COURT	CITY-ST-ZIP BOCA RATON FL	
TITLE D	NAME WOLK, JOEL	DELETED
STREET ADDRESS 4850 REGENCY COURT	CITY-ST-ZIP BOCA RATON FL	
TITLE	NAME	DELETED
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	DELETED
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	DELETED
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	DELETED
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPS	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
1.2 NAME <i>Gary N. Mansfield</i>	
1.3 STREET ADDRESS <i>5008 N. Federal Highway</i>	
1.4 CITY-ST-ZIP <i>Lighthouse Point FL 33064</i>	
2.1 TITLE V	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
2.2 NAME <i>Karl E. Duell</i>	
2.3 STREET ADDRESS <i>5008 N. Federal Highway</i>	
2.4 CITY-ST-ZIP <i>Lighthouse Point FL 33064</i>	
3.1 TITLE P	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
3.2 NAME <i>Guy Wood</i>	
3.3 STREET ADDRESS <i>5008 N. Federal Highway</i>	
3.4 CITY-ST-ZIP <i>Lighthouse Point FL 33064</i>	
4.1 TITLE CBO	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME <i>Joel Wolk</i>	
4.3 STREET ADDRESS <i>5008 N. Federal Highway</i>	
4.4 CITY-ST-ZIP <i>Lighthouse Point FL 33064</i>	
5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME	
6.3 STREET ADDRESS	
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: *Karl E. Duell* *Karl E. Duell* 4/30/98 (ocr) 429-0035

CR2E034 (10/97)