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

CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1.83804

101

FILED May 12 1998 8:00am Secretary of State

Principal Place % JOEL WOL % SMOKERS	RASS TOBACCONIST, INC.	Mailing Address * JOEL WOLK * SMOKERS GALLERY FT. LAUDERDALE FL 33	- 2356 E. SUNFIISE BLVD.	DO NOT WRITE IN TH		
				3. Date Incorporated or Qualified 06/28/1990		
2. Principal F	Place of Business	2a. Mailing Address 26		4. FEI Number 65-0206942	Applied For Not Applicable	
Suite, Apt. #, etc. 27		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Z(p)	Country 25	Zip	Country	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible Yes No	
	9. Name and Address of Current			10. Name and Address of New Register	ed Agent	
% SMOKERS GALLERY 2356 E. SUNRISE BLVD. FT. LAUDERDALE FL 33304				81 Name Gay N. Mensfield 82 Street Address (P.O. Box Number is Not Acceptable) 5008 A. Hall Highwy 83 84 City / / / / / / / / / / / / / / / / / / /		
11. Pursuant office or agent. I a	Muy fle	muy) c		poration submits this statement for the purpos ation's board of directors? hereby, accept the	e of changing its registered appointment as registered	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
TITLE	pst /	☐ DELETE	1.1 TITLE	Y \$	Change Addition	
NAME	WOLK, JOEL		1.2 NAME	very N. Monsheld		
STREET ADDRESS	% 2356 E. SUNRISE BLVD.		1.3 STREET ADDRESS	DV8 N. Ledul Highway		
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP	hybelieve but fe 33064		
TITLE		☐ DELETE	2 1 TITLE		Change Addition	
NAME			22 NAME	al & Drell		
STREET ADDRESS	!		23 STREET ADDRESS S	TOO N. Frank Highing		
CITY-SI-Z#P		DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	actions for pe stopy	Change Addition	
TITLE NAME		C pterie		or Wood	C outside the vention	
STREET ADDRESS				DOS N. Fedul Higher		
CITY-ST-ZIP			3.4. CITY-ST-ZIP	1.1 floor & F 61 33064		
TITLE .		DELETE		so	Change Addition	
NAME				r. 1 11.14		
STREET ADDRESS			4.3 STREET ADDRESS	mas al Feder Hexbury		
CITY-ST-ZIP			4.4 DITY-ST-ZIP	100 8 N. Fided Highway 150 8 N. Fided Highway 154 Lawren Pat Al 33044		
TITLE		DELETE	5.1 TITLE	0	☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADORESS			5.3 STREET ADDRESS		j	
CITY-ST-ZIP			5.4 CITY - ST-ZIP			
						
TITLE		☐ DELETE	61 TITLE		Change Addition	
TITLE NAME		DELETE	61 TITLE 62 NAME		☐ Change ☐ Addition	
		☐ DELETE	S 1		Change Addition	
NAME		☐ DELETE	62 NAME		☐ Change ☐ Addition	

remove verify that the information supplied with rins hing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report is reported 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.

4/30/98

(954) 429-0035