

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

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

05-05-1999 90220 038 ***150.00

0574848

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **L83804**

1. Corporation Name
SAWGRASS TOBACCONIST, INC.

Principal Place of Business
% JOEL WOLK
% SMOKERS GALLERY - 2356 E. SUNRISE BLVD.
FT. LAUDERDALE FL 33304

Mailing Address
% JOEL WOLK
% SMOKERS GALLERY - 2356 E. SUNRISE BLVD.
FT. LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/28/1990

4. FEI Number

65-0206942

Applied For
Not Applicable

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 **12801 W. Sunrise Blvd**

Suite, Apt. #, etc.

22 **# 563**

City & State

23 **Sunrise, FL**

Zip

24 **33323**

Country

2a. Mailing Address

26 **7200 W. Camino Real**

Suite, Apt. #, etc.

27 **Suite 302**

City & State

28 **Boca Raton, FL**

Zip

29 **33433**

Country

30

9. Name and Address of Current Registered Agent

MAASFIELD, GARY N
5008 N FEDERAL HWY
2356 E. SUNRISE BLVD.
LIGHTHOUSE POINT 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DS** ☒ DELETE
NAME **MANSFIELD, GARY N**
STREET ADDRESS **5008 N FEDERAL HWY**
CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE **V** ☐ DELETE
NAME **DRELL, CARL E**
STREET ADDRESS **5008 N FEDERAL HWY**
CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE **P** ☒ DELETE
NAME **WOOD, GUY**
STREET ADDRESS **5008 N FEDERAL HWY**
CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE **COO** ☐ DELETE
NAME **WOLK, JOEL**
STREET ADDRESS **5008 N FEDERAL HWY**
CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **C Terry, Eugene**
1.3 STREET ADDRESS **17759 Lake Estates**
1.4 CITY-ST-ZIP **Boca Raton, FL 33496**

2.1 TITLE **VTS** ☒ Change ☐ Addition
2.2 NAME **Duell, Karl**
2.3 STREET ADDRESS **105 Deer Creek Rd M-209**
2.4 CITY-ST-ZIP **Deerfield Bch FL 33442**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **Blue, Harold**
3.3 STREET ADDRESS **2555 Davie Rd, Suite 110**
3.4 CITY-ST-ZIP **Ft. Lauderdale, FL 33317**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **Correll, Alan**
4.3 STREET ADDRESS **6921 Lyons Hard Lane**
4.4 CITY-ST-ZIP **Boca Raton, FL 33496**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **Ziffen, Neil**
5.3 STREET ADDRESS **7100 Queensferry Circle # 3420F**
5.4 CITY-ST-ZIP **Boca Raton, FL 33496**

6.1 TITLE ☐ Change ☐ Addition
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, with all other like empowered.

SIGNATURE:

KARL DUELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)