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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

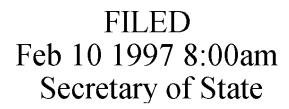
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P37528

(7)

Mailing Address

SUPER TOBACCO DISTRIBUTORS, INC.



504 586-1234

K&B PLAZA LEE CIRCLE NEW ORLEANS	LA 70130	K&B PLAZA LEE CIRCLE NEW ORLEANS LA 70130							
					3. Date Incorporated or Qualified 02/18/1992		te of Last R 3/1996	eport	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Ar	oplied For	
21		26		72-0875700		No	Not Applicable		
Suite, Apt. 22		Suite, Apt. #. etc.			5. Certificate of Status Desired	×	\$8.75 / Fee Re	Additional equired	
City & State	6	City & State			6. Election Campaign Financing		\$5.00		
23 Zip	Country	[28] Zip	Country	,	Trust Fund Contribution	<u> </u>		to Fees	
24	25	29 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
24	9. Name and Address of Curre		1		10. Name and Address of New Reg				
CTI	CORPORATION SYSTEMS		81	Name					
	SOUTH PINE ISLAND ROAD								
	VITATION FL 33324		82	Street A	ddress (P.O. Box Number is Not Acceptab	le)			
I LA	TIATION I E 30024		83						
			84	City		FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	the abov	e-named c	orporation submits this statement for the p	urpose of	changing if	ts registered	
office or r agent. La	egistered agent, or both, in the Stat im familiar with, and accept the oblig	e of Florida. Such change was aut gations of, Section 607.0505, Florid	thorized b da Statute	y the corpo s.	oration's board of directors. I hereby accep	t the appo	ointment as	registered	
SIGNATURE	Signature Typed or printed name of registered ar	nem and their applicable (NOTE F	Registered Ao	ent signature ri	equired when reinstating)	DATE			
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		DIRECTOR	RS IN 12	
TITLE	C	☐ DELETE	1.1 TITLE				Change	Addition	
NAME	BESTHOFF, SYDNEY J.,III		1.2 NAME						
STREET ADDRESS	1055 ST. CHARLES AVE.		1.3 STREE	T ADDRESS					
DITY - ST - ZIP	NEW ORLEANS LA		1.4 CITY-:	ST-ZIP					
TITLE	Р	☐ DELETE	2.1 TITLE				Change	Addition	
NAME	LEBLANC, JAMES		22 NAME						
STREET ADDRESS	1055 ST. CHARLES AVE.		2.3 STREE	ADDRESS	_				
CITY - ST - ZIP	NEW ORLEANS LA		2. 4 CITY -	ST-ZIP	F				
TOTE E.	V	☐ DELETE	3.1 TITLE				Change	Addition	
NAME	DYER, RONALD J.		3.2 NAME						
STREET ADDRESS	1055 ST. CHARLES AVE.		3.3 STREE	T ADDRESS					
CITY-ST-ZIP	NEW ORLEANS LA		3.4. CITY -	ST-ZIP			<u> </u>		
TITLE	-	☐ DELETE	4.1 TITLE				Change	Addition	
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	T ADDRESS					
CITY-ST-ZIP	. 13 17 1, 17		4.4 CITY -	ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE				☐ Change	☐ Addition	
NAME			5.2 NAME						
STREET ADORESS			5.3 STREE	T ADDRESS					
CITY-ST-ZIP			5.4 CITY -	ST-ZIP	· · · · · · · · · · · · · · · · · · ·				
TITLE		L] DELETE	6.1 TITLE				L Change	Addition	
NAME			6.2 NAME						
STREET ADORESS			6.3 STREE	T ADDRESS					
CITY-ST-2IP		1 30 31 42	6.4 CITY						
14. I do herel informatio	by certify that the information suppli on indicated on this arinual report or	ed with this filing does not qualify supplemental annual report is true	for the exi e and acc	emption sta urate and t	ated in Section 119.07(3)(i), Florida Statutes that my signature shall have the same lega	s. I further Leffect as	certify that	the deroath: that	
I am an o	ifficer or director of the corporation on Block 12 or Block 13 if changed,	or the receiver or trustee empower	red to exe	cute this re	port as required by Chapter 607, Florida S	tatutes; ar	nd that my r	name	

SR VICE PRESIDENT