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FILED  
Apr 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. McInnis  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000043359 (6)

1. Corporation Name

TOBACCO ZONE, INC.

Principal Place of Business

2900 SMITH RD.  
MELBOURNE FL 32935

Mailing Address

2900 SMITH RD.  
MELBOURNE FL 32934-8154

3. Date Incorporated or Qualified  
06/06/1994

3a. Date of Last Report  
04/03/1996

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

25

29

30

4. FEI Number

59-3252234

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 has liability for intangible tax under s. 199.032,  
Florida Statutes



Yes



No

9. Name and Address of Current Registered Agent

NOHRR, D A  
1800 W. HIBISCUS BLVD.  
SUITE 138  
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name

DUANE SCHNEIDER

82 Street Address (P.O. Box Number is Not Acceptable)

2900 SMITH ROAD

83

84 City

MELBOURNE

FL

85 Zip Code

32934

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

*Duane E. Schneider*

Signature typed or printed name of registered agent and firm if applicable

(NOTE: Registered Agent signature required when reinstating)

3/27/98

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME               | STREET ADDRESS | CITY - ST - ZIP    | DELETE                   |
|-------|--------------------|----------------|--------------------|--------------------------|
| D     | SCHNEIDER, DUANE E | 2900 SMITH RD. | MELBOURNE FL 32935 | <input type="checkbox"/> |
|       |                    |                |                    | <input type="checkbox"/> |
|       |                    |                |                    | <input type="checkbox"/> |
|       |                    |                |                    | <input type="checkbox"/> |
|       |                    |                |                    | <input type="checkbox"/> |
|       |                    |                |                    | <input type="checkbox"/> |
|       |                    |                |                    | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY - ST - ZIP | Change                   | Addition                 |
|-----------|----------|--------------------|---------------------|--------------------------|--------------------------|
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                     | <input type="checkbox"/> | <input type="checkbox"/> |

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:

*Duane E. Schneider* DUANE E SCHNEIDER 2/25/97 407-254-5844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0103171

CR2E034 (9/96)