

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

FILED
Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32935
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2900 DUSA DRIVE Suite, Apt. #, etc.		2a. Mailing Address 26 2900 DUSA DRIVE Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/06/1994	
22 City & State 23 MELBOURNE, FL		27 City & State 28 MELBOURNE, FL		4. FEI Number 59-3252234	
24 32935		25 USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
29 32935		30 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent SCHNEIDER, DUANE 2900 SMITH ROAD MELBOURNE FL 32934				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable) 2900 DUSA DRIVE
				83	
				84	City MELBOURNE
				85	Zip Code 32935

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	PSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHNEIDER, DUANE E			1.2 NAME			
STREET ADDRESS	2900 SMITH RD.			1.3 STREET ADDRESS	2900 DUSA DRIVE		
CITY-ST-ZIP	MELBOURNE FL 32935			1.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SCHNEIDER, SHAWN P.			2.2 NAME	SCHNEIDER, SHAWN P.		
STREET ADDRESS	2900 DUSA DR.			2.3 STREET ADDRESS	2900 DUSA DRIVE		
CITY-ST-ZIP	MELBOURNE, FL 32935			2.4 CITY-ST-ZIP	MELBOURNE, FL 32935		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 *Shawn P. Schneider* DUANE E SCHNEIDER 11/1/97 407-254-5844

CR2E034 (10/97)