

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

FILED
Jul 06 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 # P96000017459
1. Corporation Name

CIGARETTES FOR LESS, INC.

Principal Place of Business

Mailing Address

**6701 SUNSET DRIVE #100
MIAMI, FL 33143**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 9466 HARDING AVENUE Suite, Apt. #, etc.	26 9466 HARDING AVENUE Suite, Apt. #, etc.
22 City & State	27 City & State
23 SURFSIDE, FLORIDA	28 SURFSIDE, FL
24 33154 Zip Country	29 33154 Zip Country
25 U.S.A.	30 U.S.A.

3. Date Incorporated or Qualified 02/26/1996	4. FEI Number 65-0845912	<input checked="" type="checkbox"/> Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
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 checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FILINGS, INC.

**3732 N.W. 16TH STREET
FORT LAUDERDALE, FL 33311**

81 Name	PETER F. PLANES, II
82 Street Address (P.O. Box Number is Not Acceptable)	9466 HARDING AVENUE
83	
84 City	SURFSIDE FL
85 Zip Code	33154

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Peter F. Planes, II **PETER F. PLANES, II Pres. 4/28/98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P/D
NAME	PLANES, PETER F. II	1.2 NAME	PETER F. PLANES, II
STREET ADDRESS	6701 SUNSET DRIVE #100	1.3 STREET ADDRESS	9466 HARDING AVENUE
CITY-ST-ZIP	MIAMI, FL 33143	1.4 CITY-ST-ZIP	SURFSIDE, FL 33154
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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.

CR2E034 (10/97)