

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

**FILED**  
**Jul 06 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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
<b>6701 SUNSET DRIVE #100 MIAMI, FL 33143</b>	

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>02/26/1996</b>	4. FEI Number <b>65-0845912</b>	<input checked="" type="checkbox"/> Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
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  
**FILINGS, INC.**  
**3732 N.W. 16TH STREET**  
**FORT LAUDERDALE, FL 33311**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, 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 (NOT Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D PLANES, PETER F. II</b>	1.2 NAME	<b>PETER F. PLANES, II</b>
STREET ADDRESS	<b>6701 SUNSET DRIVE #100</b>	1.3 STREET ADDRESS	<b>9466 HARDING AVENUE</b>
CITY-ST-ZIP	<b>MIAMI, FL 33143</b>	1.4 CITY-ST-ZIP	<b>SURFSIDE, FL 33154</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
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	<b>400002581544</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>-07/07/98--01063--008</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>***158.75</b>

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:

*Peter F. Planes, II* 4/28/98 (305) 865-776

CR2E034 (10/97)