

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

FILED
May 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000077386 (6)

1. Corporation Name

THE FALLS TOBACCONIST, INC.

Principal Place of Business

4850 REGENCY COURT
BOCA RATON FL 33434

Mailing Address

4850 REGENCY COURT
BOCA RATON FL 33434

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/17/1996

4. FEI Number

65-0700488

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

WOLK, JOEL
C/O SMOKERS GALLERY
2356 EAST SUNRISE BOULEVARD
SUNRISE FL 33304

10. Name and Address of New Registered Agent

81 Name Gary N. Mansfield
82 Street Address (P.O. Box Number is Not Acceptable)
5008 N. Federal Highway
83
84 City Lighthouse Point FL 85 Zip Code 33064

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME WOLK, JOEL
STREET ADDRESS 4850 REGENCY CT
CITY-ST-ZIP BOCA RATON FL 33434

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/S ☐ Change ☒ Addition
1.2 NAME Gary N. Mansfield
1.3 STREET ADDRESS 5008 N. Federal Highway
1.4 CITY-ST-ZIP Lighthouse Point, FL 33064

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME Karl E. Duell
2.3 STREET ADDRESS 5008 N. Federal Highway
2.4 CITY-ST-ZIP Lighthouse Point, FL 33064

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME Guy Wood
3.3 STREET ADDRESS 5008 N. Federal Highway
3.4 CITY-ST-ZIP Lighthouse Point, FL 33064

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME Joel Wolk
4.3 STREET ADDRESS 5008 N. Federal Highway
4.4 CITY-ST-ZIP Lighthouse Point, FL 33064

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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

Karl E. Duell

Karl E. Duell

4/30/98

1998 479-0035

CR2E034 (10/97)