


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

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90041 048 \*\*\*150.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000077386**

1. Corporation Name  
**THE FALLS TOBACCONIST, INC.**



Principal Place of Business <b>4850 REGENCY COURT BOCA RATON FL 33434</b>	Mailing Address <b>4850 REGENCY COURT BOCA RATON FL 33434</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>8888 S.W. 136<sup>th</sup> Street</b> Suite, Apt. #, etc. 22 <b># 435</b> City & State 23 <b>Miami, FL</b> Zip 24 <b>33176</b> Country 25		2a. Mailing Address 26 <b>7200 W. Camino Real</b> Suite, Apt. #, etc. 27 <b>Suite 302</b> City & State 28 <b>Boca Raton, FL</b> Zip 29 <b>33433</b> Country 30		3. Date Incorporated or Qualified <b>09/17/1996</b>	4. FEI Number <b>65-0700488</b>	Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
				6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
				8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>MANSFIELD, GARY N</b> <b>5008 N FEDERAL HIGHWAY</b> <b>LIGHTHOUSE POINT FL 33064</b>	10. Name and Address of New Registered Agent 81 Name <b>Terry, Eugene L</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>17759 Lake Estates</b> 83 <b>B</b> 84 City <b>Boca Raton</b> <b>FL</b> 85 Zip Code <b>33496</b>
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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, 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 NAME STREET ADDRESS CITY-ST-ZIP	COO <b>WOLK, JOEL</b> <b>5008 N FEDERAL HWY</b> <b>LIGHTHOUSE POINT FL 33064</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Terry, Eugene L</b> <b>17759 Lake Estates</b> <b>Boca Raton, FL 33496</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <b>MANSFIELD, GARY N</b> <b>5008 N FEDERAL HWY</b> <b>LIGHTHOUSE POINT FL 33064</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Blum, Harold</b> <b>2555 Davie Rd, Suite 110</b> <b>Fort Lauderdale, FL 33317</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>DUELL, KARL E</b> <b>5008 N FEDERAL HWY</b> <b>LIGHTHOUSE POINT FL 33064</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Correll, Alan</b> <b>6921 Lyons Head Lane</b> <b>Boca Raton, FL 33496</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>WOOD, GUY</b> <b>5008 N FEDERAL HWY</b> <b>LIGHTHOUSE POINT FL 33064</b>	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Litten, Neil</b> <b>7100 Queensferry Circle # 3420 F</b> <b>Boca Raton, FL 33496</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE:

**Karl E. Duell**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/99**  
Date

**(561) 417-8364**  
Daytime Phone #

CR2E034 (11/98)