


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

FILED
Feb 02 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 # **P97000015923 (0)**

1. Corporation Name
LEBARON GIFTS AND CIGARS, INC.



Principal Place of Business 580 WEST 8TH STREET SUITE 7009 JACKSONVILLE FL 32209	Mailing Address 580 WEST 8TH STREET SUITE 7009 JACKSONVILLE FL 32209
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1567 UNIVERSITY BLVD.		2a. Mailing Address P.O. BOX 40807		3. Date Incorporated or Qualified 02/17/1997	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 59-3429428	
22. City & State JACKSONVILLE, FL		27. City & State JACKSONVILLE, FL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip 32217		28. Zip 32203		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country U.S.A.		29. Country U.S.A.		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 REGNIER EDWARD, 4271 LAGO WAY SARASOTA FL 34241		10. Name and Address of New Registered Agent 81. Name ELENA BREMER 82. Street Address (P.O. Box Number is Not Acceptable) 1567 UNIVERSITY BLVD. W. 83. JACKSONVILLE 84. City JACKSONVILLE , FL 85. Zip Code 32217	
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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 Elena Bremer President 1/7/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PRESIDENT	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ELENA BREMER		1.2 NAME	
STREET ADDRESS 1567 UNIVERSITY BLVD. W.		1.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE, FL 32217		1.4 CITY-ST-ZIP	
TITLE TREASURER	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALFONSO M. BREMER		2.2 NAME	
STREET ADDRESS 1567 UNIVERSITY BLVD. W.		2.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE, FL 32217		2.4 CITY-ST-ZIP	
TITLE SECRETARY	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROSANNA A. BREMER		3.2 NAME	
STREET ADDRESS 1567 UNIVERSITY BLVD. W.		3.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE, FL 32217		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 Elena Bremer 1/7/98 (904)448-8999

CR2E034 (10/97)