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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sanora B. Mortham Secretary of State

DIVISION OF CORPORATIONS

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DOCUMENT #

CADDENC	TOBACCONIST.	INC
GARDENS	TUBAGGUNIST.	INC:

Principal Place	of Business	Mailing Address						
4850 REGENCY CT 4850 REGENCY CT BOCA RATON FL 33434 BOCA RATON FL 33434								
2. Principal Pla			.		 Date Incorporated or Qualified 09/02/1992 	3a. Date of 03/1	f Last Rep 17/1995	
z. minoparna	ce or business	2a. Mailing Address			4. FEI Number			oplied For
Suite, Apt. #	. etc.	Suite, Apt. #, etc.			65-0358495			ot Applicable
2		27			5. Certificate of Status Desired	□ '		Additional equired
City & State		City & State			6. Election Campaign Financing		· · · · · · · · · · · · · · · · · · ·	May Be
3		28			Trust Fund Contribution			мау ве to Fees
Zip	Country	Zip	Cour	ilry	8. This corporation has liability for it	ntangible tax u		
4	25	[29]	30	· · · · · · · · · · · · · · · · · · ·		No		
	9, Name and Address of Curre	nt Registered Agent		81 Name	10. Name and Address of New R	egistered Ag	ent	
WALL	5 = 1			81 Name				
WOLK, J			[7	B2 Street Add	ress (P.O. Box Number is Not Acceptabl	le)		
	ERS GALLERY SUNRISE BLVD		- -	83				
	FL 33304		[03				
SUMMSE	FL 33304		Γ	84 City		FI '	85 Zip (Code
familiar with	n, and accept the obligations of, Sec	ction 607.0505, Florida Statutes	3.	проганот в род	ration submits this statement for the purport of directors. I hereby accept the apport	ointment as reg	gistered a	gent, ram
SIGNATURE _	Signature, typied or printed name of registered ager	nt and title 1 applicable (No	OTE: Birgistered A	igent signature require	ed when reinstating)	DATE		
12.	OFFICERS AN	ND DIRECTORS	OTE: Registered A	igent signatura requira	ed when reinstiting? ADDITIONS/CHANGES TO OFFI		RECTOR	S IN 12
12.	OFFICERS AN					ICERS AND DI		S IN 12
12. TITLE	OFFICERS AN POST WOLK, JOEL A	ND DIRECTORS	13.	LE		ICERS AND DI		
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SIGNATURE: [

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEC. DEVICE Prone *