


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

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

05-05-1999 90041 049 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V61449

1. Corporation Name
GARDENS TOBACCONIST, INC.

Principal Place of Business 4850 REGENCY CT BOCA RATON FL 33434	Mailing Address 4850 REGENCY CT BOCA RATON FL 33434
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3101 PGA Blvd Suite, Apt. #, etc. 22 # 6101 City & State 23 Palm Beach Gardens, FL Zip 24 33410		2a. Mailing Address 26 7200 W. Camino Real Suite, Apt. #, etc. 27 Suite 302 City & State 28 Boca Raton, FL Zip 29 33433		3. Date Incorporated or Qualified 09/02/1992		4. FEI Number 65-0358495		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		5. Certificate of Status Desired <input type="checkbox"/>		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/>		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent WOLK, JOEL % SMOKERS GALLERY 2356 E SUNRISE BLVD SUNRISE FL 33304		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	POST	1.1 TITLE	C
NAME	WOLK, JOEL A	1.2 NAME	Terry, Eugene
STREET ADDRESS	4850 REGENCY COURT	1.3 STREET ADDRESS	17759 Lake Estates Drive
CITY-ST-ZIP	BOCA RATON FL 33434	1.4 CITY-ST-ZIP	Boca Raton FL 33496
TITLE	V	2.1 TITLE	D
NAME	MANSFIELD, GARY N	2.2 NAME	Blue, Harold
STREET ADDRESS	5008 N. FEDERAL HIGHWAY	2.3 STREET ADDRESS	2555 Davie Rd, Suite 110
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	2.4 CITY-ST-ZIP	FT. Lauderdale FL 33317
TITLE	V	3.1 TITLE	D
NAME	DUELL, KARL E	3.2 NAME	Cornell, Alan
STREET ADDRESS	5008 N. FEDERAL HIGHWAY	3.3 STREET ADDRESS	6921 Long Head Lane
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	3.4 CITY-ST-ZIP	Boca Raton, FL 33496
TITLE	P	4.1 TITLE	D
NAME	WOOD, GUY	4.2 NAME	Lihen, Neil
STREET ADDRESS	5008 N. FEDERAL HIGHWAY	4.3 STREET ADDRESS	7100 Queensway Circle # 3420F
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	4.4 CITY-ST-ZIP	Boca Raton, FL 33496
TITLE	COO	5.1 TITLE	
NAME	WOLK, JOEL	5.2 NAME	
STREET ADDRESS	5008 N. FEDERAL HIGHWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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, with all other like empowered.

SIGNATURE: Neil Lihen Karl E. Duell 4/28/99 (561) 417-8364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)