

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **173630** (5)

1. Corporation Name

STANDARD CIGAR COMPANY



Principal Place of Business

P. O. BOX 2030
2701 16TH ST.
TAMPA FL 33601

Mailing Address

P. O. BOX 2030
2701 16TH ST.
TAMPA FL 33601

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/15/1993

3a. Date of Last Report

03/20/1995

4. FEI Number

59-0698542

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**NEWMAN, STANFORD J
3102 BEACH DR
TAMPA FL**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 officer 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 607.0509, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and then application

(NOTE: Registered Agent signature required when new agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	☐ DELETE
NAME	NEWMAN, STANFORD J	
STREET ADDRESS	3102 BEACH DR	
CITY- ST- ZIP	TAMPA, FL 00000	
TITLE	VD	☐ DELETE
NAME	NEWMAN, ROBERT	
STREET ADDRESS	2901 JULIA #D	
CITY- ST- ZIP	TAMPA FL	
TITLE	PD	☐ DELETE
NAME	NEWMAN, ERIC (ASST)	
STREET ADDRESS	401 ROYAL POINCIANA DR.	
CITY- ST- ZIP	TAMPA, FL 00000	
TITLE	ST	☐ DELETE
NAME	PURVIS, ROBERT	
STREET ADDRESS	514 - 69TH STREET	
CITY- ST- ZIP	HOLMES BEACH FL	
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	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	4232 MARINA CT.
4.3 STREET ADDRESS	CORTEZ, FL
4.4 CITY- ST- ZIP	34215
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 this address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96

Date

813 248 2124

Daytime Phone #

CR2E034 (12/95)