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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION ANNUAL REPORT 1995**



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

**DOCUMENT # 657236 (6)**  
1. Corporation Name  
**FIRST AMERICAN TOBACCO SHOP, INC.**

Principal Place of Business      Mailing Address  
**830-A SE 5TH AVE  
DELRAY BCH FL 33483  
US**                                      **830 SE 5TH AVE  
A  
DELRAY BEACH FL 33403  
US**

DO NOT WRITE IN THIS SPACE.

|                                |                     |                     |                     |  |  |  |  |
|--------------------------------|---------------------|---------------------|---------------------|--|--|--|--|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br><b>02/26/1980</b>   |  | 3a. Date of Last Report<br><b>05/01/1994</b>           |  |
| 21                             | State, Apt. #, etc. | 26                  | State, Apt. #, etc. | 4. FEI Number<br><b>59-1980957</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable |  |
| 22                             | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input type="checkbox"/>  |  | <b>\$6.75 Additional Fee Required</b>                  |  |
| 23                             | Zip                 | 28                  | Zip                 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  |  | <b>\$5.00 May Be Added to Fees</b>                     |  |
| 24                             | Country             | 29                  | Country             | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |

**9. Name and Address of Current Registered Agent**

**BRUNO, MELBA R.  
830-A SE 5TH AVE  
DELRAY BEACH FL 33483**

**10. Name and Address of New Registered Agent**

01 Name  
02 Street Address (P.O. Box Number is Not Acceptable)  
03  
04 City      **FL**      05 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 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 \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS                         |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12              |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>PD<br/>BRUNO, ANTHONY O<br/>830-A SE 5TH AVE<br/>DELRAY BEACH FL</b> | 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>VD<br/>BRUNO, MELBA R.<br/>830-A SE 5TH AVE<br/>DELRAY BEACH FL</b>  | 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>ST<br/>BRUNO, MELBA R.<br/>830-A SE 5TH AVE<br/>DELRAY BCH FL</b>    | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 110.07(3)(b), 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 as an attachment with an address.

**SIGNATURE:** *Melba R. Bruno*      **4-24-95**      **407 248-1269**

SIGNATURES AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      (Date)      (Signature)