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PROFIT CORPORATION ANNUAL REPORT

1999

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H42254

1. Corporation	n Name	T			
A. FUEN	TE TOBACCO COMPANY				
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Principal Place	of Dunings	Mailing Address		1 1001015 0151 01010 15050 11085 01117 8505 010	ist bydys mangs mangs bydys mangs samt
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1310 N. 22ND S	•	P.O. BOX 75827			
TAMPA FL 33605-5317 TAMPA FL 33675 US US			DO NOT WRITE IN TH	HIS SPACE	
00		•		3. Date Incorporated or Qualifed	· · · · · · · · · · · · · · · · · · ·
				02/06/1985	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2516506	Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certifcate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	Intangible
24	25	29	30	Personal Property Tax.	XYes □No
	9. Name and Address of Curre			10. Name and Address of New Registere	ed Agent
			81 Name		
SHAI	rp, william m		92: Stroot Add	ress (P.O. Box Number is Not Acceptable)	
4830 W KENNEDY BLVD		82 Street Add	ress (P.O. Box Number is Not Acceptable)		
STE.	630		83		
TAMI	PA FL 33609				
	· .		84 City	. F	85 Zip Code
44 Dusquant	to the provisions of Sections 607.06	02 and 607 1508 Florida Statu	tos the above-named con		of changing its appletored
	to the provisions of Sections dor.or				
office or n	egistered agent, or both, in the Stat	e of Florida. Such change was	authorized by the corporat	ion's board of directors. I hereby accept the ap	pointment as registered
office or n	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change was pations of, Section 607.0505, Fl	authorized by the corporat orida Statutes.	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	pointment as registered
office or re agent. I as SIGNATURE	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change was pations of, Section 607.0505, Fl	authorized by the corporationida Statutes.	ion's board of directors. I hereby accept the ap	pointment as registered
office or re agent. I as	egistered agent, or both, in the Stat m familiar with, and accept the oblig Signature, typed or printed name of registered as	e of Florida. Such change was gations of, Section 607.0505, Florent and title if applicable. (NOT	authorized by the corporation of the statutes. E: Registered Agent signature requires	ed when reinstating)	politinent as registered
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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 armual 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 of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP