

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 26, 1999 8:00 am
Secretary of State

03-26-1999 90009 013 ***150.00

DOCUMENT # P24820

1. Corporation Name
CONSOLIDATED CIGAR CORPORATION

Principal Place of Business
5900 N. ANDREWS AVE.
FT. LAUDERDALE FL 33309

Mailing Address
5900 N. ANDREWS AVE.
FT. LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/19/1989

4. FEI Number

13-3148462

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PDE
FOLZ, THEO W.
STREET ADDRESS 5900 N. ANDREWS AVE.
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME SVP
GERSHEL, GEORGE, JR.
STREET ADDRESS 5900 N. ANDREWS AVE.
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME SVP
ELLIS, GARY R.
STREET ADDRESS 5900 N. ANDREWS AVE.
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☒ DELETE

NAME EVP
DIMEOLA, RICHARD L.
STREET ADDRESS 5900 N. ANDREWS AVE.
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME V
COLUCCI, JAMES
STREET ADDRESS 5900 N. ANDREWS AVE.
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME V
MCQUILLEN, DENIS F.
STREET ADDRESS 5900 N. ANDREWS AVE.
CITY-ST-ZIP FT. LAUDERDALE FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-99

Date

Daytime Phone #

CR2E034 (11/98)