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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P37528

(7)

SUPER TOBACCO DISTRIBUTORS, INC.

FILED
May 07 1998 8:00am
Secretary of State

|--|--|

Principal Place	e of Business	Mailing Address		ı iddilibbi idd hini saddı biris tidak idis didir didir didir didir didir aldır aldır radı
K&B PLAZA		K8B PLAZA		
LEE CIRCLE NEW ORLEAN	UC 14 70190	LEE CIRCLE NEW ORLEANS LA 70130		DO NOT WRITE IN THIS SPACE
HICHT UNLEAD	TO UK FOIDU	HEN UNCERNO ER 70150	,	3. Date Incorporated or Qualified
ļ				02/18/1992
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21 20	Box 3165	26 P.O. BOX	3165	72-0875700 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27		Lee Hadriilan
City & State		City & State	00	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country Country	28 HAYLISBU	Country	Trust Fund Contribution Added to Fees  8. This corporation owes or has paid the current year Intangible
24 7710	DS 25		30	Personal Property Tax due June 30. Yes No
24 7 75	9. Name and Address of Curren	2.5	30	10. Name and Address of New Registered Agent
C.	T CORPORATION SYSTEMS		81 Name	9
	00 SOUTH PINE ISLAND ROAD		82 Street	t Address (P.O. Box Number is Not Acceptable)
	ANTATION FL 33324		<b>62</b> 3000	Additions (1.0. Dox Northber is 190) Addeptabley
			83	
			94 (0)	85 Zip Code
			84 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050.	2 and 607.1508, Florida Statute	s, the above-name	d corporation submits this statement for the purpose of changing its registered
office or r	egi <b>ste</b> red agent, or both, in the State m <b>fam</b> iliar with, and accept the obliga	of Florida. Such change was au ations of, Section 607,0505. Flo	uthorized by the co- rida Statutes.	rporation's board of directors. I hereby accept the appointment as registered
i -	The transfer			
SIGNATURE	Signature, typed or printed name of registered age	rt and tile it applicable (NOTE	Registered Agent signalu	re required when reinstating) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	C	DELETE	1.1 THILE	Change 🔀 Addition
NAME	BESTHOFF, SYDNEY J.,III		1.2 NAME	CHARLES KIBLER
STREET ADDRESS	1055 ST. CHARLES AVE.		1.3 STREET ADDRESS	SO HUNTER LANE
CITY-ST-ZIP	NEW ORLEANS LA		1.4 CITY-ST-ZIP	Camp Hill, PA 17011
TITLE	P	DELETE	2.1 TITLE	☐ Change 🔀 Addition
NAME !	LEBLANC, JAMES		2.2 NAME	FRANK BERGONZE
STREET ADDRESS	1055 ST. CHARLES AVE.		2.3 STREET ADDRESS	The state of the s
CITY-ST-ZIP	NEW ORLEANS LA		2. 4 CITY-ST-ZIP	Camp Hill PA 17011
TITLE	V	DELETE	3.1 TITLE	☐ Change ► Addilion
NAME	DYER, RONALD J.		3.2 NAME	JOSEPH SPEAKEIL
STREET ADDRESS	1055 ST. CHARLES AVE.		3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW ORLEANS LA		3.4. CITY-ST-ZIP	Camp Hill, PA 17011
TITLE		☐ DELETE	4.1 TITLE	US ☐ Change ☑ Addition
NAME			4. 2 NAME	I. LAWRENCE GELMAN
STREET ADDRESS			4.3 STREET ADDRESS	DO MANTER MANTE
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Camp Hill PA 17011
TITLE		☐ DELETE	5.1 TITLE	☐ Change ■ Addition
NAME			5.2 NAME	FRANKLIN BROWN
STREET ADDRESS			5.3 STREET ADDRESS	30 Hunter Lane
CITY+ST-ZIP			5.4 CITY-ST-ZIP	Camp Hill. PA 17
TITLE		☐ DELETE	6.1 TITLE	<b>▶</b> Change <b>★</b> Addition
NAME			6.2 NAME	ELLEUT S. GERSON
STREET ADDRESS			6.3 STREET ADDRESS	SO HOUSE COME
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Come Hill PA MOII
74. 15		St. 45 a. I Com slope mot excellente	- the everestion star	ted in Pandon 110 07(2)(i) Elevida Statutas, Lighthay partify that the information

I hereby certify that the information supplied with this tiling 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 ropor or supplemental angular 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 truster empowered Oexecute 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 attackiment with an address.

11/2/10/2

100 1000