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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000055192 (5)

CIGAR FRIENDLY, INC.

Principal Place of Business

Mailing Address

FILED May 01 1997 8:00am Secretary of State



2179 NORTHSTATE ROAD 7 MARGATE FL 33063			2179 NORTHSTATE ROAD 7 MARGATE FL 33063							
							3. Date Incorporated or Qualified 07/18/1995	3a, Date o		eport
2. Principal Place of Business			2a, Mailing Address				4. FEI Number		Ap	plied For
21			26				65-0599702		No	t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					<u> </u>		Additional
22			27 City & Cityle				5. Certificate of Status Desired	Fee Required		
City & State	9		City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added to	
Zip	Cou	intry	28 Zip	<u> </u>	Countr	,				
24				29 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
		dress of Current I				* **	10. Name and Address of New F	gistered Age	nt	
KFN	NETH E. SCHWAF	RTZ			81	Name				
2179 N. STATE RD. 7					82	Stroot A	ddress (P.O. Box Number is Not Accepta	blo)		
MARGATE FL 33063							duress (F.O. Box Number is Not Necepta	016)		
					83					
					84	City	······································	FL	5 Zip C	Sode
office or re	to the provisions of S egistered agent, or t m familiar with, and	ooth, in the State of	^t Florida. Such char	nge was aut	thorized b	v the corpo	orporation submits this statement for the oration's board of directors. I hereby acce	nurnose of ch	anging its ment as	s registered registered
SIGNATURE	Signature, typed or printed	rame of registered agold (and the if applicable	(NOTE: F	Registered Ag	ont signature re	equired when reinstating)	DATE		
12.		OFFICERS AND I	DIRECTORS		13.		ADDITIONS/CHANGES TO OFFI			S IN 12
TITLE	D		□ D	ELETE	1.1 TITLE				Change	☐ Addition
NAME	POZNAK, MARC				1.2 NAME					
STREET ADDRESS	2179 NORTH \$1				1.3 STREE	ADDRESS				
CITY-ST-ZIP	MARGATE FL 33	3063			1,4 CITY-	ST-ZIP				
TITLE	P		□ D	ELETE	2 1 TITLE				Change	Addition
NAME	SCHWARTZ, KE	nneth e			2 2 NAME					}
STREET ADDRESS	2179 NORTH ST	FATE ROAD 7			2 3 STREE	1 ADDRESS				Į
CITY-ST-ZIP	MARGATE FL				2 4 CITY -	S1-ZIP				j
TITLE			□ D	ELETE	3 1 7(1) [6				Change	☐ Addilion
NAME					3 2 NAME					
STREET ADDRESS					3 3 STREE	T ADDRESS				
CITY-ST-ZIP .					3.4. CITY-	\$1-ZIP				
TITLE			D	ELETE	41 TITLE				Change	Addition
NAME					4 2 NAME					
STREET ADDRESS					4 3 STREE	1 ADDRESS				
CITY-ST-ZIP					4 4 CITY-	S1 - ZIP				
TITLE			D	ELETE	51 TITLE				Change	Addition
NAME					5 2 NAME					
STREET ADDRESS					5 3 STREE	T ADDRESS				
CITY-ST-ZIP					5 4 DITY-	ST-71P				
TITLE	W		D. D	ELETE	61 TITLE				Change	Addition
NAME					62 NAME					
STREET ADDRESS					63 STREE	T ADDRESS				
CITY-ST-ZIP					64 CITY-					}
	by oprify that the inf	ormation europhod	uith this filing door	not ounlify:			stad in Caption 110 07/2\(\text{i}\) Florida Statut	ac Hurther ec	riily that	the

I do hereby certify that the information supplied with this filing does not quality for the exemption stated in section 119.07(5)(i), Florida Statutes, I ruther certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(5)(i), Florida Statutes, I ruther certify that the filing does not quality for the exemption stated in Section 119.07(5)(i), Florida Statutes, I ruther certify that 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.