


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 11, 1999 8:00 am**  
**Secretary of State**  
08-11-1999 90001 020 \*\*\*150.00

PROFIT CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # P95000057344**  
1. Corporation Name  
**THE ORIGINAL CIGAR CLOTHING COMPANY**

Principal Place of Business  
3650 CORAL RIDGE DRIVE, SUITE 104  
CORAL SPRINGS FL 33065

Mailing Address  
3650 CORAL RIDGE DRIVE, SUITE 104  
CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**07/25/1995**

4. FEI Number  
**65-0600719**

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. ☐ Yes ☐ No

2. Principal Place of Business  
21 **9838 W. Sample Rd.**  
Suite, Apt. #, etc.  
22  
City & State  
23 **Coral Springs, FL**  
Zip  
24 **33065** Country  
25  
2a. Mailing Address  
26 **9838 W. Sample Rd.**  
Suite, Apt. #, etc.  
27  
City & State  
28 **Coral Springs, FL**  
Zip  
29 **33065** Country  
30

9. Name and Address of Current Registered Agent  
**STONE, ADELE I**  
**1946 TYLER STREET**  
**HOLLYWOOD FL 33022**

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	BARAD, STEVEN	
STREET ADDRESS	3650 CORAL RIDGE DRIVE, SUITE 104	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KAUFMAN, STACY	
STREET ADDRESS	3650 CORAL RIDGE DRIVE, SUITE 104	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Steven Barad	
1.3 STREET ADDRESS	9838 W. Sample Rd.	
1.4 CITY-ST-ZIP	Coral Springs, FL 33065	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 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.

SIGNATURE:  \_\_\_\_\_

CR2E034 (5/99)

P95000057344  
604054-9000-20

# Original Cigar Clothing Co.

◆◆◆  
9838 West Sample Road ◆ Coral Springs, FL 33065  
Phone (954)575-3231 ◆ Fax (954)575-3233

August 04, 1999

Division of Corporations  
Annual Reports Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: Document # P95000057344

Recently we received a second notice for the 1999 Profit Corporation Annual Report, however we never received the first notice. Per my telephone conversation I was advised to send in the original \$150.00 filing fee. Enclosed is a check for \$150.00 and the report with our address changes.

Sincerely,



Steven Barad