DOCUMENT # POSCOOD 12578 CORESTON PREMIUM CIGARS, INC. Fincipal Place of Business TM ACTH MASHAGTON BLD. SE 80 SMACOTA R. 3426 TM ACTH MASHAGTON BLD. SE	COPERITION PREMIUM CIGARS, INC. CRESTON PREMIUM CIGARS, INC. Increase Pare of Buillines Proceed Pa	ANNU	NOW: FILING FEE A PROFIT PORATION JAL REPORT 1999	FTER MAY 1ST IS FLORIDA DEPAR Katherin Secretary DIVISION OF CO	TMENT OF STATE e Harris of State	Mar 01, Secreta	LED 1999 8:(ry of Sta 50011 004 ***150	ate
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	indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under odd); that if an an officer or director of the corporation or the required or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 13 or Block 13 if chapted or no a attachment with an address, with all other like empowered.	office or m agent. I ai SIGNATURE 12. TITLE VAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A P KRAMS, LARRY 2945 HEATHER BOW SARASOTA FL 34235 D KRAMS, DOROTHY 2945 HEATHER BOW SARASOTA FL 34235 D KRAMS, SHERRI 2945 HEATHER BOW	e of Florida. Such change was au pations of, Section 607.0505, Flori ent and tile if applicatile. (NOTE: ND DIRECTORS DELETE DELETE DELETE DELETE DELETE	Inforzed by the corporated as tratutes. Registered Agent signature required in the signated in the signature required in the sis a stre	red when reinstating)	DATE DATE ICERS AND DIRECTO Change	IRS IN 12 Addition