

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

FILED

May 05 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000026541 (8)**

1. Corporation Name

**THE CIGAR SMOKER'S BUSINESS ASSOCIATION OF FLORIDA, INC.**

Principal Place of Business

**2263 NW BOCA RATON BLVD  
#203  
BOCA RATON FL 33431**

Mailing Address

**2263 NW BOCA RATON BLVD  
#203  
BOCA RATON FL 33431-7401**



<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		<b>3. Date Incorporated or Qualified</b> <b>03/20/1996</b>	<b>3a. Date of Last Report</b> Applied For Not Applicable
<b>4. FEI Number</b> <b>65-0653241</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>9. Name and Address of Current Registered Agent</b> <b>SULLIVAN, DON</b> <b>2263 NW BOCA RATON BLVD</b> <b>#203</b> <b>BOCA RATON FL 33431</b>			<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b> NAME <b>SULLIVAN, DON</b> STREET ADDRESS <b>1242 SE 12TH AVENUE</b> CITY-ST-ZIP <b>DEERFIELD BEACH FL 33441</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>T</b> 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>GRAESCH, PATRICK</b> STREET ADDRESS <b>9734 NW 7TH CIRCLE #624</b> CITY-ST-ZIP <b>PLANTATION FL 33324</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>ADD + V, T</b> 2.2 NAME 2.3 STREET ADDRESS <b>13930 OAK RIDGE DR</b> 2.4 CITY-ST-ZIP <b>DAVIE, FL 33325</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>GRAESCH, JIM</b> STREET ADDRESS <b>6205 NW 77TH PLACE</b> CITY-ST-ZIP <b>PARKLAND FL 33067</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>V, S</b> 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 or on an attachment with an address.

SIGNATURE:  **PATRICK GRAESCH** 4/24/97 305 637 6909  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)