


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

FILED

Mar 26 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P96000075028 (6)</b>					
1. Corporation Name <b>THE CIGAR BAR OF MT DORA, INC.</b>					
Principal Place of Business <b>108 EAST THIRD AVE. MOUNT DORA FL 32757</b>			Mailing Address <b>108 EAST THIRD AVE. MOUNT DORA FL 32757-5530</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/09/1996</b>	
21 Suite, Apt #, etc		26 Suite, Apt #, etc		4. FEI Number <b>59-3403284</b>	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>KELLEY, GARLA 118 WEST ORANGE ST. SUITE 100 ALTAMONTE SPRINGS FL 32714</b>			10. Name and Address of New Registered Agent		
			81 Name <b>CARILLO BEATRICE</b>		
			82 Street Address (P.O. Box Number is Not Acceptable) <b>108 EAST THIRD AVE</b>		
			83		
			84 City <b>MT. DORA</b>		
			85 Zip Code <b>FL 32757</b>		
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 <i>Beatrice Carillo</i> DATE <b>2-97</b>					
(NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>D CARILLO, BEATRICE</b>			12 NAME		
STREET ADDRESS <b>108 EAST THIRD AVE.</b>			13 STREET ADDRESS		
CITY-ST-ZIP <b>MT. DORA FL 32757</b>			14 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>D SMITH, DOROTHEA B</b>			22 NAME		
STREET ADDRESS <b>1123 DORA WAY</b>			23 STREET ADDRESS		
CITY-ST-ZIP <b>MT. DORA FL 32757</b>			24 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		
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 if changed or on an attachment with an address.					
SIGNATURE: <i>Dorothea B. Smith</i> DATE: <b>2-97 (352) 735-2427</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					



CR2E034 (9/96)