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Feb 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000088949 (8)

1. Corporation Name

THE ORIGINAL KEY WEST CIGAR FACTORY, INC.



Principal Place of Business

3 PIRATES ALLEY, FRONT ST  
KEY WEST FL 33040

Mailing Address

3 PIRATES ALLEY, FRONT ST  
KEY WEST FL 33040

3. Date Incorporated or Qualified

10/28/1996

3a. Date of Last Report

2. Principal Place of Business

21 3 Pirates Alley at Front St

2a. Mailing Address

26 3 Pirates Alley at Front St

Suite, Apt. #, etc.

22 At Front St

Suite, Apt. #, etc.

27 At Front St

City & State

23 Key West FLA

City & State

28 Key West FLA

Zip

24 33040

Country

25 U.S.A.

Zip

29 33040

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

SIRECI, THOMAS J JR  
402 APPELROUTH LANE  
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81 Name Guy A. Willis CPA  
82 Street Address (P.O. Box Number is Not Acceptable) 2432 FLAGLER AVE  
83 Parks & Niles, CPA  
84 City Key West FL 85 Zip Code 33040

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 Guy A. Willis CPA

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered agent signature required when reinstating)

1-13-97

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☐ Change ☒ Addition

1.2 NAME ELEANOR WALSH

1.3 STREET ADDRESS 3 Pirates, at Front St

1.4 CITY-ST-ZIP Key West, FLA 33040

2.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition

2.2 NAME LESLIE WALSH NIEMEYER

2.3 STREET ADDRESS 3 Pirates, at Front St

2.4 CITY-ST-ZIP Key West, FL 33040

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 [Signature] 13 17 1007 101-3170 305

CR2E034 (9/96)