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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000090906 (4)

CIGAR TOWN, INC.

Mailing Address Principal Place of Business 7800 N UNIVERSITY DRIVE 7800 N UNIVERSITY DRIVE #202 TAMARAC FL 33321-2106 TAMARAC FL 33321 3. Date Incorporated or Qualified 3a. Date of Last Report 11/06/1996 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Bo Added to Fees Trust Fund Contribution 23 Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes Florida Statutes 24 30 25 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 Name STRULOWITZ, HAROLD 7800 N UNIVERSITY DRIVE Street Address (P.O. Box Number is Not Acceptable) 82 #202 83 TAMARAC FL 33321 84 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 who i reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6) DELETE Change 1.1 1111.6 TITLE STRULOWITZ, HAROLD NAME 1.2 NAME 7800 N UNIVERSITY DRIVE 1.3 STREET ADDRESS STREET ADDRESS TAMARAC FL 33321 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS

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14. I do hereby certify that the information simplified will this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Information indicated on this an input report of supply-mental 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 this chruch rapport of the location of the control of the

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May 09 1997 8:00am

Secretary of State