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

PROFIT CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

incipal Place of Business	Mailing Address		
833 B MECCA DRIVE	833 B MECCA DRIVE		
SARASOTA FL 34243	SARASOTA FL 34243		

FILED May 11 1998 8:00am Secretary of State

DOCUMENT # P9700008366 (1) IMPORT CIGARETTES AND MOORE, INC.					
Principal Plac	ee of Business	Mailing Address		-{	191 0010 1 00100 14110 01110 01110 0111
833 B MECC		833 B MECCA DRIVE			
SARASOTA F		SARASOTA FL 34243		1	
				DO NOT WRITE IN	THIS SPACE
				3. Date Incorporated or Qualified	
2. Principal P	Place of Business	2a. Mailing Address		01/23/1997 4. FEI Number	Applied For
21 5330	maccolla	26 433 1)	Mecca Dr.	1650709612	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	I COCO DI		CQ 75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	te /	City & State	c E/2	6. Election Campaign Financing	\$5.00 May Be
23 DU	950ta + V	28 JU 19504	74 F	Trust Fund Contribution	Added to Fees
Zip 34	243 25 USA	20 71p 34243	Country 14.5 A	This corporation owes or has paid the Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Regist	ered Agent
83	Dore, Thomas e Jr 3 B Mecca Drive Vra s ota fl 34243		B2 Street Add	ps (P.O. Box Number is Not Acceptable))r.
			83		
			84 City 6	marta	FL 85 7 682 W3
11. Pursuant	to the provisions of Sections 607.050	2 and 607 1508, Ftorida Statute	es, the above-named corp	poration submits this statement for the purpo	
agent. La SIGNATURE	I hamby mice	600 4		oration submits this statement for the purpi ion's board of directors. I hereby accept the	e appointment as registered
	Stonature, typed or printed name of registered ag		Registered Agent signature requir		AND DIDECTOR ALLO
12. TITLE	/** <u>*</u>	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	Owner B m		1.2 NAME		C oronge C Nontroll
STREET ADDRESS	Anomas Cilion	6711	1.3 STREET ADDRESS		
City-ST-ZIP	Thomas E, Moor	34243	1.4 CITY-ST-ZIP		
TITLE	3474 3030	☐ DELETE	2.1 TULE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY - ST - ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		The second	3.4. CITY - ST- ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME		- Present	5.2 NAME		riodition.
STREET ADDRESS			5.3 STREET ADDRESS		1
CiTY-ST-ZIP			5.4 CRY-ST-ZIP		
TITLE		☐ DELETE	61 THLE		☐ Change ☐ Addition
NAME	}		6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	L		6.4 CITY-ST-ZIP		
	certify that the information supplied w	ith this filing does not qualify fo		Section 119.07(3)(i), Florida Statutes. I further shall have the same legal effect as if man	ner 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 it made under oath; that I am ar 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.

Thomas Fignancia

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