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

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

P97000017371 (0)

## **FILED** May 14 1998 8:00am Secretary of State

CIGAR POWERBOAT SALES, INC.						
						<u> </u>
D: 1 101	. 75	11.00				#
i	e of Business	Mailing Ac				
2000 SW 31 AVE. 2000 SW 31 AVE. BLDG, A, BAY 1						
PEMBROKE PARK FL 33009 PEMBROKE PARK FL 3300				)	DO NOT WRITE IN THIS SPACE	
	,,,				3. Date Incorporated or Qualified	
				- <u></u>	02/24/1997	
2. Principal P	Place of Business	1/ Cr 2a. Mailing		nth St	4, FEI Number	Applied For
21 0	69 28 1		69 SE	<u> </u>	Applied	Not Applicable
Sulte, Apt.	#, OCC.	}~~¬	Apt. #, etc.		5. Certificate of Status Desired	□ \$8.75 Additional Fee Regulred
City & Stat	<u></u>		State		6 Station Committee Singuistre	
23 ) 8	erfield Bc		extield	Bob FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country Zip				Country	8. This corporation owes or has paid	
24 33	316 25 1)5	A 29 33	3316 30	- 10 <i>~</i> 1	Personal Property Tax due June 30	
	9. Name and Address o	Current Registered A	gent		10. Name and Address of New Regis	
CL	ARK, JACK			81 Name ()	nald M Rolling	
0000 000 00 000				82 Street Addre	ess (P.O. Box Mumber is Not Acceptable)	
BLDG, A, BAY 1				16	64 5E 17 5	)
PEMBROKE PARK FL 33009				83	eerfiled Beach	
}				84 City	CELIII SA WEACH	85 Zip Code
						FL 33316
11. Pursuant office or i	to the provisions of Sections registered agent, or both, in t	607.0502 and 607.1508 he Stale of Florid <b>a</b> ട്ട് <b>uc</b> i	, Florida Statutes, i cn≥nge was autl	the above-named corp horized by the corporati	oration submits this statement for the purplion's board of directors. I hereby accept the	pose of changing its registered he appointment as registered
agent. La	in familiar with, and accept to	ne objigations of Section	n 607.0805 Lioria	la Statutes		29-98
SIGNATURE	N Somal	estraction areast and title of applicati	120	egistered Agent signature require		DAIL
12.		FRS AND DIRECTORS	i. (NOTER	13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	nercoident		DELETE	1.1 TITLE		Change Addition
NAME	Konaid M	1 Beline		1.2 NAME		2
STREET ADDRESS	1669 58	7th 51	0.1.	1.3 STREET ADDRESS		រិទ្ធិ
CITY-ST-ZIP	1649 SE Deerfield	Bch FL	33316	1.4 CITY - ST- ZIP		
TALE	0.00	, , , , , , , , , , , , , , , , , , , ,	DELETE	2.1 TITLE		☐ Change ☐ Addition C
NAME				2.2 NAME		
STREET ADORESS				2.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>			2 4 CITY-ST-ZIP		
TITLE			☐ DELETE	3.1 TITLE		Change
NAME				3.2 NAME		
STREET ADDRESS				3.3 STREET ADDRESS		į
CITY-ST-ZIP			DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
TITLE			- DELETE			Change CT Addition
NAME				4.2 NAME		į
STREET ADORESS				4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE			DELETE	4.4 CHY-ST-ZIP 5.1 THLE		Change Addition
NAME				5.2 NAME		go
STREET ADDRESS				5.3 STREET ADDRESS		
CITY-ST-ZIP				5.4 CITY - ST - ZIP		
TITLE			DELETE	6.1 7/TLE		Change Addition
NAME				6.2 NAME		
STREET ADDRESS				5.3 STREET ADDRESS		
CITY-ST-ZIP				6.4 CITY - ST - ZIP		
	certify that the information sur	oplied with this filing doc	s not qualify for t		Section 119.07(3)(i), Florida Statutes, I fur	ther certify that the information

Indicated on this annual report or suppliment at 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.