


FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90070 025 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000058197

 1. Corporation Name
CIGAR BAZAR, INC.

 Principal Place of Business
**3865 LAKE EMMA ROAD
 LAKE MARY FL 32746**

 Mailing Address
**3865 LAKE EMMA ROAD
 LAKE MARY FL 32746**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/02/1997

4. FEI Number

59-3460214

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional Fee Required6. Election Campaign Financing Trust Fund Contribution ☐**\$5.00** May Be Added to Fees8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address

 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29

Country

9. Name and Address of Current Registered Agent

**WARREN, MARY
 3865 LAKE EMMA ROAD
 LAKE MARY FL 32746**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

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:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

 TITLE ☐ DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**D WARREN, MARY
 3865 LAKE EMMA ROAD
 LAKE MARY FL 32746**

 TITLE ☐ DELETE
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SIGNATURE:

Signature, typed or printed name of signing officer or director

5-11-99

Date

Daytime Phone

CR2E034 (11/98)

14. I 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, with a letter like empowered.