1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000074258

CIGAR CENTRAL, INC.	
Principal Place of Business	Mailing Address
6601 121 AVENUE NORTH UNIT G LARGO FL 33773	6601 121 AVENUE NORTH UNIT G LARGO FL 33773
Principal Place of Business 21	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

FILED Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90028 041 ***150.00

	ENTRAL, INC.					
Birding Brown		Mailing Address			# [MANIMAN ISAN IRSIN SOUR ORIGINARIA REGIN CONT. CONTRACTOR CONTR	
Principal Place		<u>-</u>				
6601 121 AVEN Unit G	UE NORTH	6601 121 AVENUE NORTH UNIT G				
LARGO FL 3377	73	LARGO FL 33773			DO NOT WRITE IN THIS SPACE	
	•			·	3. Date Incorporated or Qualifed 08/27/1997	
2. Principal P	lace of Business	2a. Mailing Address	_		4. FEI Number Applied For	1
21		26			NOT APPLICABLE-59 - 34 663 Not Applicable	1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_		\$8.75 Additional]
22				فنجيج	5. Certificate of Status Desired Fee Required	<u> </u> ∓
City & State	8	City & State			6. Election Campaign Financing \$5.00 May Be	
23		28			Trust Fund Contribution Added to Fees	1
Zip	Country	Zip	Cou	intry	8. This corporation owes the current year Intangible	1
24	25	29	30		Personal Property Tax.	
	9. Name and Address of Curre	nt Registered Agent		,	10. Name and Address of New Registered Agent	1
				81 Name		
	RILAWYER CHARTERED			82 Street Add	dress (P.O. Box Number is Not Acceptable)	1
	almeria avenue		•	1		
COR	AL GABLES FL 33134			83		1
,				i		4
				84 City	FL 85 Zip Code	
44 Dusquast	to the provisions of Sections 607.056	22 and 607 1508. Florida Statu	tes the a	bove-named cor	moration submits this statement for the purpose of changing its registered	1
office or n	opictored appet or both in the State	of Florida, Such change was a	authonze	i by the cornoral	tion's board of directors. I hereby accept the appointment as registered	
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Flo	orida Stat	utes. ,		
SIGNATURE		ALCO IS ALCO TO A STATE OF THE	C. D(-t	Agent signature requi	red when reinstating) DATE	۱,
40	Signature, typed or printed name of registered age			Agent signature requi		J 6
12.	UFFICENS A				ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 12	Ì
TITLE		ND DIRECTORS	13.	me 6	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	1
TITLE	PSTD	ND DIRECTORS DELETE	1.1 T	·		3
NAME	PSTD PARKS, ERIK D		1.1 T 1.2 N	AME &		0.77
NAME STREET ADDRESS	PSTD PARKS, ERIK D 6601 121 AVENUE NORTH		1.1 T 1.2 N 1.3 S	AME (TREET ADDRESS		0,747
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CITY-ST-ZIP thes not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information in it is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an elempowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied w indicated on this annual report or supplemental officer or director of the corporation or the rece Block 12 or Block 13 if changed, or on a ratia

SIGNATURE: