

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

**FILED**

**Jan 20 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000077783 (3)**

1. Corporation Name  
**BALMORAL CIGAR CO., INC.**



Principal Place of Business <b>5602 THOMPSON CENTER COURT SUITE 400 TAMPA FL 33634</b>	Mailing Address <b>5602 THOMPSON CENTER COURT SUITE 400 TAMPA FL 33634</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 <b>5602 THOMPSON CENTER COURT</b>	26 <b>5602 THOMPSON CENTER COURT</b>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 <b>SUITE 400</b>	27 <b>SUITE 400</b>		
City & State		City & State	
23 <b>TAMPA FL</b>	28 <b>TAMPA FL</b>		
Zip		Zip	
24 <b>FL 33634</b>	25 <b>HILLSBORO</b>	29 <b>33634</b>	30 <b>HILLSBORO</b>

3. Date Incorporated or Qualified <b>09/09/1997</b>	
4. FEI Number <b>59-3466612</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ROWE, JAMES C ESQ.  
100 2ND AVENUE SOUTH  
SUITE 400N  
ST PETERSBURG FL 33701**

10. Name and Address of New Registered Agent

81 Name <b>DAVID SALEM</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>5602 THOMPSON CENTER COURT</b>	
83 <b>SUITE 400</b>	
84 City <b>TAMPA</b>	85 Zip Code <b>FL 33634</b>

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 DAVID SALEM (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE **JANUARY 9 1998**

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>DAVID SALEM</b>
1.3 STREET ADDRESS	<b>3811 MUIRFIELD COURT</b>
1.4 CITY-ST-ZIP	<b>PALM HARBOR FL 34685</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: DAVID SALEM DATE **01/09/98** DAYTIME PHONE # **813 854 4022**

CFR2E034 (10/97)