**PROFIT** CORPORATION ANNUAL REPORT

1999



DOCUMENT # P97000103893

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

FILED 09 JUN 24 AM 9: 10 SUCCETARY OF STATE TALLAHASSEE, FLORIDA

CIGAR HUNTER, INC.	· /	
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rincipal Place of Business	Mailing Address	1 (55)1221 115 1511 1521 5211 5211 5212 (151 5216 110 1216 111 1216 111 1216

<b>~</b>						
Principal Place	e of Business	М	ailing Address			i indices; sid iditi seeti desit bosa itan opiae side faite seite seeta
2108 N.E. 64TH FT. LAUDERDAL			08 N.E. 64TH STREET . LAUDERDALE FL 33308			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed 12/09/1997
2. Principal P	lace of Business	2a	, Mailing Address			4. FEI Number Applied For
21		26				65-0797702 Not Applicable
Suite, Apt	#, etc.		Suite, Apt. #, etc.			SR 75 Additional
22		27				5. Certificate of Status Desired Fee Required
City & State	e		City & State			6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	$\vdash$	• —	untry	<i>(</i>	8. This corporation owes the current year Intangible
24	25	29	30			Personal Property Tax.
<u> </u>	9. Name and Address of Curre	nt Regis	stered Agent	81	Name	10. Name and Address of New Registered Agent
LAW	RENCE BROWN, JEFFREY			"	Name	
	N.E. 64TH STREET		•	82	Street Addre	ess (P.O. Box Number is Not Acceptable)
	AUDERDALE FL 33308			83	<del> </del>	
7 7 - 6	STOPETIDALE, LE GOOD			63		
				84	City	FL 85 Zip Code
11. Pursuant office or reagent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Statem familiar with, and accept the oblig	02 and 6 e of Flori ations of	607.1508, Florida Statutes, the da. Such change was authorize , Section 607.0505, Florida Sta	abov ed by itutes	e-named corporations.	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appoin/ment as registered
SIGNATURE						d when reinstating) DATE
12.	Signature, typed or printed name of registered ag OFFICERS A		<u></u>		nt signature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	IND DINE		TITLE		Change Addition
NAME	LAWRENCE BROWN, JEFFRE	Υ	1	VAME		
STREET ADDRESS	2108 N.E. 64TH STREET	•			TADDRESS	3000029200133
CITY-ST-ZIP	FT. LAUDERDALE FL 33308			CITY-S		-06/30/9901083013
TITLE			<u> </u>	TITLE		****150.00 ******150.00
NAME			221	VAME		
STREET ADDRESS			23:	STREE	TADDRESS	
CITY-ST-ZIP			2 4	CITY-!	ST-ZIP	
TITLE			DELETE 3.1	TITLE		☐ Change ☐ Addition
NAME			3.21	VAME		
STREET ADDRESS			3.3	STREE	TADDRESS	
CITY-ST-ZIP				CITY-	ST-ZIP	
TITLE			DELETE 4.1	TITLE		☐ Change ☐ Addition
NAME			4.2	NAME		
STREET ADDRESS			4.3	STREE	TADDRESS	
CITY-ST-ZIP				CITY-S	ST-ZIP	
TITLE				TITLE		☐ Change ☐ Addition
NAME				NAME		
STREET ADDRESS					TADDRESS	
CITY-ST-ZIP				CITY-S	ST-ZIP	
TITLE				TITLE		Change Addition
NAME				NAME		ı
STREET ADDRESS			63:	STREE	TADORESS	

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 infiniticated 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 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 appearance is a supplemental annual report in true and accurate and that my signature shall have the same legal effect as if made under oath; that I 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 appearance is a supplemental 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 is a supplemental annual report of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appearance is a supplemental annual report of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appearance is a supplemental annual report or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

64 CITY-ST-ZIP

SIGNATURE:

## CIGAR HUNTER

JEFF BROWN
2108 NE 64 STREET
FT.LAUDERDALE, FL 33308
OFF # (954) 938-1133 FAX # (954) 938-2810
PAGER # (954) 528-5235

ATTEN: DIVISION OF CORPORATIONS

PO BOX 6327 TALLAHASSEE, FL 32314 (850) 488-9000 TEL #

DATE: 06-15-99

DIVISION OF CORPORATIONS.

I APOLOGIZE FOR FILING MY ANNUAL REPORT LATE. I RECENTLY HAD TO FILE FOR BANKRUPTCY AND DID NOT KNOW IF I WOULD BE ABLE TO OPERATE MY BUSINESS. I JUST COMPLETED FILING FOR CHAPTER 13 AND WAS RELIEVED TO LEARN THAT THE BUSINESS WOULD MAINTAIN AS IT HAS. I HAVE ENCLOSED MY CHECK FOR THE AMOUNT OF \$150.00 FOR MY 1999 ANNUAL REPORT FILING. I HOPE THIS WILL BE SUFFICIENT. PLEASE LET ME KNOW IF THERE IS A PROBLEM.

SINCERELY.

JEFF L. BROWN