PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90053 038 ***158.75

	DOCUMENT #	P98000083493
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1. Corporation Name

QUALITY TOBACCO DISTRIBUTORS, INC.

Principal Place of Business Mailing Address					}	* ************************************		=.•	
4800 S.W. 51ST STREET 4800 S.W. 51ST STREET									
SUITE 106 SUITE 106 DAVIE FL 33314 DAVIE FL 33314						DO NOT WRIT	E IN THIS	SPACE	
						DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed			
					ļ	09/28/1998			1
5 Discipal D	lone of Duciness	2a. Mailing Address		~		4 EEI Number		T A	oplied For
	face of Business	26			l	165-08639	140	N	ot Applicable
Euito Ast	# etc	Suite, Apt. #, etc.					M	\$8.75	Additional
22 27						Certificate of Status Desired Status Desired Status Desired Status Desired		Fee Required \$5.00 May Be	
- · · · · · · · · · · · · · · · · · · ·		28				Trust Fund Contribution Added to Fees			to Fees
21	Country	Zip	Cou	Country		8. This corporation owes the curr	ent year int	angible	
4	25	29	30		i	Personal Property Tax.		Yes	□No □
<u></u>	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New R	egistered	Agent	
				81 Nam	8				
SCH	IWARTZ, CLAIRE			82 Stree	t Addres	s (P.O. Box Number is Not Accepta	ble)		
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SUIT	E 106			83					_
DAV	IE FL 33314			20 000				85 Zip	Code
				B4 City			FL	_ ** 25	C000
SIGNATURE				utes.			·		<u></u> - i
	Signature, typed or printed name of registored ager	nt and title if applicable. (NOTE			e required w	hen reindleting) ADDITIONS/CHANGES TO OF	DATE FICERS AN	O DIRECTO	ORS IN 12
12.	OFFICERS AN		Registered	Agent signatur	e required w	ADDITIONS/CHANGES TO OF		(D DIRECTO	ORS IN 12
12.	PD OFFICERS AN	nt and title if applicable. (NOTE	Registered	Agent signatur	e required w	ADDITIONS/CHANGES TO OF			
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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 eath; 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 all other like empowered.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OF DIRECTOR

JANUARY 25, 1999 (954)792-3200