Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90061 027 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT

 Corporation 	CUTS, INC.						
Principal Place of Business Mailing Address						I 30050011 101 Birth form deint tinen aratt anne aratt anne aratt aratt	1461
23204 SW 1777 HOMESTEAD FL US	H AVE.	P.O. BOX 0546 HOMESTEAD FL 33090-0546 US				DO NOT WRITE IN THIS SPACE	
00		00				3. Date incorporated or Qualifed 09/15/1987	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied Fo	Г
1	26				65-0013999 Not Applica	able	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additions Fee Required	al
City & State	3	City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
Zip	Country 25	Zip Country			_	8. This corporation owes the current year Intangible Personal Property Tax.	
	9. Name and Address of Current			$\overline{}$		10. Name and Address of New Registered Agent	
				81	Name		
FERRY, DONALD H. 18511 SW 268TH ST. HOMESTEAD FL 33031				82 83	Street Addre	ddress (P.O. Box Number is Not Acceptable)	
				84	City	FL 85 Zip Code	
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State of mailiar with, and accept the obligat Signature, typed or printed name of registered agen	of Florida. Such change was aut ions of, Section 607.0505, Floric	tnorized da Stati	utes.	ine corporatio	oration submits this statement for the purpose of changing its register on's board of directors. I hereby accept the appointment as registered of when reinstating) DATE	_
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE	PD	☐ DELETE 1.1 T		1.1 TITLE		☐ Change ☐ Ad	idition
NAME	FERRY, DONALD H.						ĺ
STREET ADDRESS			1.3 ST	1.3 STREET ADDRESS			{
CITY-ST-ZIP	HOMESTEAD FL			1.4 CITY-ST-ZIP		Change A	Idition
TITLE	VPST	☐ DELEIE	DELETE 2.1 TIT			☐ Cliange ☐ Ai	ZUIDOIT
NAME	VERMILLION, MERCEDES D.		2.2 NAME				
STREET ADDRESS	VEV LABOO EL			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		والميكا فأوالها والمناه والمنطوع والمناه والمنطوع والمناه والم	- -
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CITY-ST-ZIP				3.4. CITY-ST-ZIP			
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CITY-ST-ZIP			4,4 CT	4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change ☐ A	ddition
NAME	5.		5.2 NA	5.2 NAME			1
STREET ADDRESS	ADDRESS 5.5		5.3 ST	5.3 STREET ADDRESS			ł
CITY-ST-ZIP				4 CITY-ST-ZIP			
TITLE				61 TITLE		☐ Change ☐ A	ddition
NAME				. 6.2 NAME			{
STORET ADDOCSO			6.3 ST	REET	ADDRESS		i

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 all other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP