

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

PROFIT CORPORATION ANNUAL REPORT 1999 **(L)**

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 OCT 18 PM 12:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P9800030512**  
1. Corporation Name  
**NICE CUTS, Inc.**

Principal Place of Business: **Florida**  
Mailing Address: **10710 Wiles Rd.  
Coral Springs FL 33076**

**07/21/99 90016 012 \$150.00**  
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	4. Filing Number	Applied For
21	26	65-0887288	Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	29. Country	7. This corporation owes the current year intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent								
<b>Louis Lacoste 4732 NW 115th Ter. Coral Springs FL 33076</b>	<table border="1"> <tr> <td>81 Name</td> <td>85 Zip Code</td> </tr> <tr> <td>82 Street Address (P.O. Box Number is Not Acceptable)</td> <td><b>FL</b></td> </tr> <tr> <td>83</td> <td></td> </tr> <tr> <td>84 City</td> <td></td> </tr> </table>	81 Name	85 Zip Code	82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>	83		84 City	
81 Name	85 Zip Code								
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>								
83									
84 City									

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: *Louis Lacoste* DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>Pres.</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>Louis Lacoste</b>		1.2 NAME	
STREET ADDRESS: <b>4732 NW 115th Ter.</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP: <b>Coral Springs FL 33076</b>		1.4 CITY-ST-ZIP	
TITLE: <b>V.P.</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>Rosa Lacoste</b>		2.2 NAME	
STREET ADDRESS: <b>4732 NW 115th Ter.</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP: <b>Coral Springs FL 33076</b>		2.4 CITY-ST-ZIP	
TITLE: _____	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		3.2 NAME	
STREET ADDRESS: _____		3.3 STREET ADDRESS	
CITY-ST-ZIP: _____		3.4 CITY-ST-ZIP	
TITLE: _____	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		4.2 NAME	
STREET ADDRESS: _____		4.3 STREET ADDRESS	
CITY-ST-ZIP: _____		4.4 CITY-ST-ZIP	
TITLE: _____	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		5.2 NAME	
STREET ADDRESS: _____		5.3 STREET ADDRESS	
CITY-ST-ZIP: _____		5.4 CITY-ST-ZIP	
TITLE: _____	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		6.2 NAME	
STREET ADDRESS: _____		6.3 STREET ADDRESS	
CITY-ST-ZIP: _____		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)(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 to an address, with all other like empowered.

SIGNATURE: *Louis Lacoste* DATE: **7-1-99** DAYTIME PHONE #: **904-341-0313**  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

CP2E034 (1/98)