

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

FILED  
Jan 22 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F93000003583 (2)

1. Corporation Name

SURE CUTTING SERVICE, INC.



Principal Place of Business

14785 N.W. 24TH COURT  
OPA LOCKA FL 33054  
US

Mailing Address

14785 N.W. 24TH COURT  
OPA LOCKA FL 33054  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1993

4. FEI Number

65-0430306

Applied For

Not Applicable

2. Principal Place of Business

21 2400 N.W. 150th Street  
Suite, Apt. #, etc.

2a. Mailing Address

26 2400 N.W. 150th Street  
Suite, Apt. #, etc.

22 City & State

23 OPA LOCKA

Zip

24 33054

Country

25 USA

27 City & State

28 OPA LOCKA

Zip

29 33054

Country

30 USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

KIM, SUN K  
14785 N.W. 24TH COURT  
OPA LOCKA FL 33054

10. Name and Address of New Registered Agent

81 Name

KIM, SUN K

82 Street Address (P.O. Box Number is Not Acceptable)

2400 N.W. 150th Street

83

84 City

OPA LOCKA

FL

85 Zip Code

33054

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

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable

SUN K. KIM

(NOTE: Registered Agent signature required when re-stating)

DATE

01-06-98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P  
NAME KIM, KANG S  
STREET ADDRESS 14785 N.W. 24TH COURT  
CITY-ST-ZIP OPA LOCKA FL 33054

TITLE ☐ DELETE

S  
NAME MOON, BYUNG S  
STREET ADDRESS 14785 N.W. 24TH COURT  
CITY-ST-ZIP OPA LOCKA FL 33054

TITLE ☐ DELETE

TD  
NAME KIM, SUN K  
STREET ADDRESS 14785 N.W. 24TH COURT  
CITY-ST-ZIP OPA LOCKA FL 33054

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

12 NAME  
13 STREET ADDRESS 2400 N.W. 150th Street  
14 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

22 NAME  
23 STREET ADDRESS 2400 N.W. 150th Street  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS 2400 N.W. 150th Street  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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)(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.

CR2E034 (10/97)