FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F94000004312 (4)**

1. Corporation Name

THE CUTTERS, INC.

Principal Place of Business	Mailing Address
100 W. LONG LAKE RD., #100 BLOOMFIELD HILLS MI 48304	100 W. LONG LAKE RD., #100 BLOOMFIELD HILLS MI 48304

3. Date Incorporated or Qualified: **08/18/1994**
3a. Date of Last Report: **05/22/1995**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **38-2362065** ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SIMPSON, LARRY
1102 N. GADSDEN ST.
TALLAHASSEE FL 32303

10. Name and Address of New Registered Agent

81 Name: EDWARD F. BLANTON
82 Street Address (P.O. Box Number Is Not Acceptable): 825 THOMASVILLE ROAD
83:
84 City: TALLAHASSEE **FL** 85 Zip Code: 32303

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.		
TITLE	PVST	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JONES, ROBERT		1.2 NAME		
STREET ADDRESS	171 MARINE DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST CLAIR BEACH ONTARIO CANDA N8N -4K1		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JONES, ROBERT		2.2 NAME		
STREET ADDRESS	171 MARINE DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST CLAIR BEACH ONTARIO CANDA N8N -4K1		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PRANTERA, LOU		3.2 NAME		
STREET ADDRESS	128 MERIENTETTE DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	BELLE RIVER ON		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP	600001828675	
TITLE		☐ DELETE	6.1 TITLE	-05/20/96--01032--015	☐ Change ☐ Addition
NAME			6.2 NAME	***200.00	
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: for Lou Prantera LOU PRANTERA - ASSISTANT SECRETARY 4-30-96 (313) 963-0917
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #