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FILED

**May 20 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # G21480 (0)
1. Corporation Name
NORMAN CUTLER, ACCOUNTANT, P.A. CPA PA
N/C 12/18/96

Principal Place of Business: **2263 NW BOCA RATON BLVD. 204 BOCA RATON FL 33431**
Mailing Address: **2263 NW BOCA RATON BLVD. 204 BOCA RATON FL 33431-7401**

3. Date Incorporated or Qualified: **02/02/1983**
3a. Date of Last Report: **04/15/1996**

2. Principal Place of Business
21 **21200 WHITE OAK AVE**
22 Suite, Apt. #, etc.
23 **BOCA RATON**
24 **33428**
25 Country
26 **21200 WHITE OAK AVE**
27 Suite, Apt. #, etc.
28 **BOCA RATON**
29 **33428**
30 Country

4. FEI Number: **59-2255047**
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
**CUTLER, NORMAN
2263 NW BOCA RATON BLVD. #204
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **21200 WHITE OAK AVE.**
83
84 City: **BOCA RATON** FL 85 Zip Code: **33428**

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PTD	<input type="checkbox"/>
NAME	CUTLER, NORMAN	
STREET ADDRESS	2263 NW BOCA RATON BLVD.	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	SD	<input type="checkbox"/>
NAME	CUTLER, NORMAN	
STREET ADDRESS	2263 NW BOCA RATON BLVD.	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS	21200 WHITE OAK AVE.		
1.4 CITY-ST-ZIP	BOCA RATON FL 33428		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	21200 WHITE OAK AVE.		
2.4 CITY-ST-ZIP	BOCA RATON FL 33428		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME	700002200077		
6.3 STREET ADDRESS	-06/03/97--01081--032		
6.4 CITY-ST-ZIP	***165.00		

14. I do 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.

CP2E034 (9/96)