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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

CLIMENT # HORAGO

121

FILED May 13 1997 8:00am Secretary of State

Suite, Apt. 4, etc. 27	1. Corporation Name CUTLASS ENTERPRISES, INC. Principal Place of Business Mailing Address 5406 CRESCENT DRIVE TAMPA FL 33811 TAMPA FL 33811-4128								
28						06/15/1984			oport
Suito, Act A, etc. Suito, Act A, etc. Suito, Act A, etc.		lace of Business	} 7	. Mailing Address		1			
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County 28 Salet County 28 County 28 County 29 County	22	W, 010.	n			5. Certificate of Status Desired			
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10, Name and Address of New Registered Agent 10, Name and Address (P.C. Box Name and	Zip	Country		L		8. This corporation has liability for intangible tax under s. 199.032,			
HUMPHRIES, J. BOB SOI EAST KENNEDY BLVD. SUITE 1700 TAMPA FL 33802 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607-0502 and 607-1508, Florida Statutors, the above-named corporation submits this statement for the purpose of changing its registered agent, and accept the childyalors of, Section 607-0505, Forda Statutors, the above-named corporation submits this statement for the purpose of changing its registered agent, and translation with, and accept the objection of Section 607-0505, Forda Statutors, the above-named corporation submits this statement for the purpose of changing its registered agent, and translation with, and accept the objection of Section 607-0505, Forda Statutors, the above-named corporation submits this statement for the purpose of changing its registered agent agent of both, in the State of florida Such change was authorized by the corporation's board of directors. Theroby accept the appointment as registered agent agen	24			30	1				
SUTE 1700 SUTE 1700 TAMPA FL 33602 84 City FL 85 Z/p Code 11. Pursuant to the provisions of Soctions 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registored agent. If a manufacturity, and accept the collegions of Soction 607 0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registored agent. If a manufacturity and accept the collegions of Soction 607 0505, Florida Statutes, such as a second of directors. I hereby accept the appointment as registored agent. If a manufacturity and accept the collegions of Soction 607 0505, Florida Statutes, such as a second of directors. I hereby accept the appointment as registored agent. I am familiar with, and accept the collegions of Soction 607 0505, Florida Statutes, such as a second of directors. I hereby accept the appointment as registored agent. I am familiar with, and accept the collegions of Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. Intell Alones S. 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. LOW ST. PP 17. LOW ST.	4 61 11		Current Hegistered Agent	R1	Name	10. Name and Address of New F	egistered /	agent	 _
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TAMPA FL 33602 80 City FL 85 Zip Code				82	Street Add	dress (P.O. Box Number is Not Accept	able)		
The 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 agent or both, in the State of Horida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and many with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE The provisions of Sections 607,0506, Florida Statutes. The appointment as registered agent agent with, and accept the obligations of, Section 607,0505, Florida Statutes. Signatural provisions of Sections 607,0506, Florida Statutes.				83	 		·		
The Pursuant to the provisions of Socions 607,0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Socions 607,0505, Florida Statutes SIGNATURE Description Part Part Part Part Part				84	City			85 Zip (Code
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	office or i	registered agent, or both, in ti im familiar with, and accept the	ne State of Florida Such change was ne obligations of, Section 607.0505, Fl	authorized b onda Statute	y the corpora s.	rporation subtrins this statement for the alion's board of directors. Thereby acc	ept the app	ointment as	registered
12.	SIGNATURE	Signature, typed or printed name of regi	istered agent and title if applicable. (NOT	E. Ringistered Ag	ent signature requ	uired when reinstating)	DATE		
NAME STREET ADDRESS 5406 CRESCENT DR.	12.	OFFICE	ERS AND DIRECTORS				ICERS AND		
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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. Ffurther 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 logal effect as if made under eath; 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.