

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



PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # **H64455**

(9)

1. Corporation Name
CUTOUTS, INC.

Principal Place of Business

400 71ST AVE
ST PETE BCH FL 33706
US

Mailing Address

400 71ST AVE
ST PETE BCH FL 33706
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25 Zip

26 Country

27 City & State

28 Zip

29 Country

30 City

31 Name

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

33

34 City

35 Zip Code

32. Name and Address of Current Registered Agent

BETSY T. SMITH
400 71 AVE
ST PETE BEACH FL 33706

33. Date Incorporated or Qualified
07/01/1985

34. FEI Number
59-2551456

35. Certificate of Status Desired
 \$8.75 Additional Fee Required

36. Election Campaign Financing
 \$5.00 May Be Added to Fees

37. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

38. Name and Address of New Registered Agent

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

40. DATE

41. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

42. OFFICERS AND DIRECTORS

43. 1.1 TITLE Change Addition

44. 1.2 NAME

45. 1.3 STREET ADDRESS

46. 1.4 CITY-ST-ZIP

47. 2.1 TITLE Change Addition

48. 2.2 NAME

49. 2.3 STREET ADDRESS

50. 2.4 CITY-ST-ZIP

51. 3.1 TITLE Change Addition

52. 3.2 NAME

53. 3.3 STREET ADDRESS

54. 3.4 CITY-ST-ZIP

55. 4.1 TITLE Change Addition

56. 4.2 NAME

57. 4.3 STREET ADDRESS

58. 4.4 CITY-ST-ZIP

59. 5.1 TITLE Change Addition

60. 5.2 NAME

61. 5.3 STREET ADDRESS

62. 5.4 CITY-ST-ZIP

63. 6.1 TITLE Change Addition

64. 6.2 NAME

65. 6.3 STREET ADDRESS

66. 6.4 CITY-ST-ZIP

47. 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.

48. SIGNATURE: *Betsy T. Smith* **BETSY T. SMITH** **4/26/98** **813-367-0118**

CR2E034 (1097)

FILED
May 01 1998 8:00am
Secretary of State