SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (3)**DOCUMENT #** L19806 **CUTTING LOOSE EXPEDITIONS, INC.** Mailing Address Principal Place of Business % A. NEVILLE CUTTING % A. NEVILLE CUTTING P O BOX 447 P O BOX 447 3a. Date of Last Report WINTER PARK FL 32790 3. Date Incorporated or Qualified WINTER PARK FL 32790 03/20/1995 09/28/1989 Applied For 4. FE1 Number Mailing Address 2. Principal Place of Business 59-2971382 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & Stale Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Zip Country Zip Yes No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CUTTING, A. NEVILLE Street Address (P.O. Box Number is Not Acceptable) 1667 BARCELONA WAY WINTER PARK FL 32789 83 Zip Code City 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, am familiar with, and accept the obligations of Section 607.0505. Florida Statutes. (NOTE Registered Agen, a greature required when reinstalling) SIGNATURE Signature, typical or protect number of negotiered agent and the ℓ^{\prime} approximation ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/8)OFFICERS AND DIRECTORS 13. Change Addition 12. DELETE 1.1 TITLE E034 TITLE 1.2 NAME **CUTTING, A. NEVILLE** NAME 13 STREET ADDRESS 1667 BARCELONA WAY STREET ADDRESS 1 4 CITY - ST - ZIP WINTER PARK FL Change Addition CITY-ST-2IP DELETE 2 1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP Change Addition CITY-ST-ZIP DELETE 3 1 11TLE TITLE 33 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP Change Addition CHTY-ST-ZIP DELETE 4 1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP Change Addition CITY - ST - ZIP DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREE! ADDRESS STREET ADDRESS 5 4 CHTY - \$1 - ZIP Change Addition CITY-ST-ZIP DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS noted with the filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I on this annual report or supplemental annual report is true and accurate and that my significant shall have the same legal effect as injector of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617 Florida Statutes, a state of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617 Florida Statutes, a state of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the corp 6.4 CITY - ST - 2IP City - St - ZIP 14. I do hereby certify that the information supplied with the filing is further certify that the information indicate made under oath, that I am an officer of attachment with an address that my name appears

INC OFFICER OR DIRECTOR

SIGNATURE:

0140469
