

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.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # L93926 (8)

1. Corporation Name

CUTTING EDGE TECHNOLOGIES, INC.



Principal Place of Business

Mailing Address

2737A CAPITAL CIRCLE  
NORTH EAST  
TALLAHASSEE FL 32308  
US

~~316 S. CALHOUN ST  
STE 828  
TALLAHASSEE FL 32301~~

3. Date Incorporated or Qualified  
08/15/1990

3a. Date of Last Report  
08/08/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 ~~1737-A CAPITAL CIRCLE~~

22 City & State

27 Suite, Apt #, etc.

27 North East

23 Zip

Country

28 TALLAHASSEE, FL

Zip

Country

24

25

29 32308

30

US

4. FEI Number  
59-3037943

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

10. Name and Address of New Registered Agent

FLOORE, MALCOLM EUGENE  
3032 IRONWOOD DR.  
TALLAHASSEE FL 32308

81 Name

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

83

84 City

FL 85 Zip Code

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

Signature (typed or printed name of registered agent and the applicable

(Typed Registered Agent signature required when removing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME FLOORE, MALCOLM EUGENE  
STREET ADDRESS 3032 IRONWOOD DR.  
CITY-ST-ZIP TALLAHASSEE FL

☐ DELETE

TITLE D  
NAME MATHES, GREGORY K.  
STREET ADDRESS 1639-26 EAGLES LANDING  
CITY-ST-ZIP TALLAHASSEE FL

☒ DELETE

TITLE D  
NAME FLOORE, CAREY E.  
STREET ADDRESS P. O. BOX 931 N/A  
CITY-ST-ZIP PT. ST. JOE FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/96 904/248-4444

CR2E034 (3/96)