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

**PROFIT** CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

121

CUTTING EDGE TECHNOLOGIES, INC.								<b>818</b> 11	AN 401 144
Principal Place of Business Mailing Address							[ 1886)841 010 10100 11110 10110 11110 11111	ONDIO QUENT ARARI (P	1841 BIBN 1881
, ,									
1903 WELBY WAY 1903 WELBY WAY TALLAHASSEE FL 32308									
US			US				DO NOT WRITE IN THIS SPACE		
							3. Date incorporated or Qualified 08/15/1990		
2. F	rincipal Place of Bus	iness	2a. Mailing	2a. Mailing Address			4. FEI Number	A	pplied For
21		26				59-3037943		lot Applicable	
22	uite, Apt. #, etc.	Suite, A				5. Certificate of Status Desired		Additional tequired	
City & State			City & S	City & State			6. Election Campaign Financing		May Be
23				28			Trust Fund Contribution		
	ib	Country Zip		}	Country		8. This corporation owes or has paid the		
24				29 30			Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent		
9. Name and Address of Current Registered Agent						Name	IV. Hame and Addipas of New Augistore	N Ayent	
FLOORE, MALCOLM EUGENE 3032 IRONWOOD DR.					<u> </u> _				
TALLAHASSEE FL 32308					82	Street Addre	ass (P.O. Box Number is Not Acceptable)		
					83				
					84	City		. 85 Zip	Code
A December 1						l	F		
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 charge or registered agent, or both, in the State of Florida. Such charge was authorized by the corporation's board of directors. I hereby accept the appoint agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								ppointment as	its registered s registered
SIGNATURE Signature, typod or printed name of registeroid agrist and like if applicable (NOTE Registeroid Agent signature required when reinstating)  DATE									
12.	Signature, typed or printed name of registered agent and file if applicable (NOTE  OFFICERS AND DIRECTORS			Hogislered Age	nt signature raquire	ADDITIONS/CHANGES TO OFFICERS A		RS IN 12	
TITLE	DC	DC DELETE		DELETE	1.1 TUTLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	Addition
NAME	NAME FLOORE, MALCOLM EUGENE				1.2 NAME				
STREET ADDRESS 3032 IRONWOOD DR.				1.3 STREET ADDRESS		ADORESS			1.
CITY-	CITY-ST-ZIP TALLAHASSEE FL			1.4 CITY-ST-ZIP		T-21P			}'
TITLE				DELETE	2.1 TITLE			Change	☐ Addition
NAME	NAME FLOORE, CAREY E				2.2 NAME	- [			l
STREET ADDRESS P. O. BOX 931 N/A					2.3 STREET	ADDRESS			1
CITY-ST-ZIP PT. ST. JOE FL				I		ST-ZIP			
TITLE				DELETE	3.1 TITLE			Change	Addition
NAME					3.2 NAME				
STREE		RONWOOD DR			3.3 STREET	address			1
CITY-	ST-ZIP TALLA	HASSEE FL			3.4. CITY - S	ST-ZIP			
TITLE	t		Ĺ	DELETE	4.1 TITLE			L Change	Addition
HAME					4. 2 NAME				
	ADDRESS				4.3 STREET	ì	•		
СПУ-	ST-ZIP			Devete	4.4 CITY-S	T-ZIP			T APARCE
TITLE			L	DELETE	5,1 TITLE			Change	Addition
NAME					5.2 NAME				
	ADDRESS				5.3 STREET				}
CITY-S	51 - Z(P			DELETE	5.4 CITY-SI 6.1 TITLE	I - ZIP		Change	Addition
TITLE			L	יי מרנדער				Onange بے	L Addition
NAME	ADDDESS				6.2 NAME 6.3 STREET	ADDRESS			1
SINCE	ADDRESS				0.3 318661	nuuncoo			1

6.4 c//Y-ST-ZIP

14. 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 roport 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.

SIGNATURE:

**FILED** 

Mar 26 1998 8:00am

Secretary of State