

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 11, 1999 8:00 am  
Secretary of State

03-11-1999 90241 026 \*\*\*150.00

DOCUMENT # L93926

1. Corporation Name  
CUTTING EDGE TECHNOLOGIES, INC.



Principal Place of Business  
1903 WELBY WAY  
TALLAHASSEE FL 32308  
US

Mailing Address  
1903 WELBY WAY  
TALLAHASSEE FL 32308  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
08/15/1990

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business  
21 1241 AIRPORT RD  
Suite, Apt. #, etc.

2a. Mailing Address  
26 1241 AIRPORT RD  
Suite, Apt. #, etc.

22 SUITE 0  
City & State

27 SUITE 0  
City & State

23 DESTIN  
Zip 32541 Country U.S.

28 DESTIN  
Zip 32541 Country U.S.

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  
MALCOLM FLOORE

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

83 320 HWY 98 E #901

84 City DESTIN FL 85 Zip Code 32541

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE DC  
1.2 NAME FLOORE, MALCOLM EUGENE  
1.3 STREET ADDRESS 320 HWY 98 E #901  
1.4 CITY-ST-ZIP DESTIN, FL 32541

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

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-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 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, with all other like empowered.

SIGNATURE: MALCOLM FLOORE 3/10/99 850-650-9340  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)