File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400,00 LATE FFF

subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris FH ED ANNUAL REPORT Secretary of State 1999 **DIVISION OF CORPORATIONS** 99 HAY 18 PH 2: 59 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee · Illi Make Check Payable To: FLORIDA DEPARTMENT OF STATE SECI. TALLAHASSIE, I LORIDA Name and Mailing Address
of Limited Liability Company **DOCUMENT # 197000000529** 1a. Principal Place of Business Address CUTCO SERVICE, LLC 3487 BYRON LANE 3487 BYRON LANE LONGBOAT KEY FL 34228 LONGBOAT KEY FL 34228 2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 05/05/1997 FI. Suite, Apt. #, etc. Suite, Apt #, etc. 4. FEI Number Applied For 65-0753433 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Zip Country Country S8 75 Additional Fee Required 04/29/1998 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office COHEN, NORMAN 3487 BYRON LANE Street Address (P.O. Box Number is Not Acceptable) LONGBOAT KEY FL 34228 Suite Apt # etc City Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its Tgistered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE ___ (Registered Agent Accepting Approximent). (NOTF, Registere LAgent's quatur, required when reinstating). 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM COHEN, NORMAN 3487 BYRON LANE LONGBOAT KEY FL HECHT, DONALD MGRM 111 WEST 40TH STREET NEW YORK NY -05/27/99--01090--011 ****188,75 ****188.79 11. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver of truetee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Blcck 10, or on an

SIGNATURE AND TYPE DORFR NITH MAKE OF SIGNED MALACIEG MEMBERCOLMANAVIER

INHSE10 R (12-98)

attachment with an address.

SIGNATURE: