## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DE PARTIMENT OF STATE Sandra B. Mortham Socretary of State

DOCUMENT # P29295 1. Corporation Name CUTLASS ASSOCIATES, INC.							
	e of Business	Mailing Address			I MAGILARAN KER HAND VARIA KARIN TANDI M	ING BIDIO BIBAI BIDI) I	ALDIK BIDIK DIGIK TABI
06 CUTLASS LANE PLES FL 33940		4206 CUTLASS LANE NAPLES FL 33940					
					<ol><li>Date Incorporated or Qualified 05/09/1990</li></ol>	3a. Date of	
t	Place of Business	2a. Mailing Address			4, FEI Number	03/07/	Applied For
Suite, Apt	# etc	Suite, Apt. #, etc.			52-1670490		Not Applicable
	n, Geo.	27 Suite, April. #, etc.			5. Certificate of Status Desired		8.75 Additional Fee Required
City & Stat	te	City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be
Zipi	Country 25	Zφ	Countr	y .	8. This corporation has liability for	intangible tax u	Added to Fees nder s 199,032,
	9. Name and Address of Curre	29   ent Registered Agent	30		Florida Statutes  Yes  10. Name and Address of New F	s □N∋ Registered Age	nnt
			8	1 Name			
	AND, DONALD C.		83	2 Street Add	ress (P.O. Box Number is Not Acceptate	ble)	
4206 CUTI NAPLES F	LASS LANE 1. 33940		8:	3			
I W W LLO	2 300 10					12	-1-7
			8/	4 City			
Pursuant     or register familiar wi GNATURE	to the provisions of Sections 607.050 red agent, or both, in the State of Florith, and accept the obligations of, Section and accept the obligations of Section and Section 1998 to the Se			named corpo poration's boa	oration submits this statement for the pu and of directors. I hereby accept the app and whor reinstaling		I '
GNATURE  LE M	Signature: typical or perident name of registeries age OF FICE RS AN PD SUTHERLAND, DONALD C.		utes, the above rized by the corres.  NOTE Registered Age  13.  1 1 TITLE  12 NAME	-named corpo poration's boa ont signature req. And		Urpose of changing pointment as regional E	ng its registered offici istered agent. I am
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