

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P92000000888 (7)**

1. Corporation Name
RICHARD CUTTING ENTERPRISES, INC.



Principal Place of Business: **1500 NORTH BROADWALK HOLLYWOOD FL 33019**
Mailing Address: **1500 NORTH BROADWALK HOLLYWOOD FL 33019**

3. Date Incorporated or Qualified: **10/30/1992** 3a. Date of Last Report: **03/10/1995**
4. FEI Number: **65-0367522** 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

2. Principal Place of Business: 21 State, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 State, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

**CUTTING, RICHARD C
1500 N BROADWALK
HOLLYWOOD FL 33019**

10. Name and Address of New Registered Agent

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 607.1506, 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 607.0506, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

12.1 TITLE: DPST	<input type="checkbox"/> DELETE
12.2 NAME: CUTTING, RICHARD C	
12.3 STREET ADDRESS: 1500 NORTH BROADWALK	
12.4 CITY, ST, ZIP: HOLLYWOOD FL 33019	
12.5 TITLE: _____	<input type="checkbox"/> DELETE
12.6 NAME: _____	
12.7 STREET ADDRESS: _____	
12.8 CITY, ST, ZIP: _____	
12.9 TITLE: _____	<input type="checkbox"/> DELETE
12.10 NAME: _____	
12.11 STREET ADDRESS: _____	
12.12 CITY, ST, ZIP: _____	
12.13 TITLE: _____	<input type="checkbox"/> DELETE
12.14 NAME: _____	
12.15 STREET ADDRESS: _____	
12.16 CITY, ST, ZIP: _____	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME: _____	
13.3 STREET ADDRESS: _____	
13.4 CITY, ST, ZIP: _____	
13.5 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME: _____	
13.7 STREET ADDRESS: _____	
13.8 CITY, ST, ZIP: _____	
13.9 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME: _____	
13.11 STREET ADDRESS: _____	
13.12 CITY, ST, ZIP: _____	
13.13 TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME: _____	
13.15 STREET ADDRESS: _____	
13.16 CITY, ST, ZIP: _____	

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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if applicable, or on an attachment, with an address.

SIGNATURE: *Richard Cutting*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/96 *905-0735*
DATE TELEPHONE

CR2E034 (12/95)