

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000002247 (3)

1. Corporation Name

WEST COAST CUTS, INC.



Principal Place of Business

100 MADRID BLVD.
SUITE 314
PUNTA GORDA FL 33950

Mailing Address

100 MADRID BLVD.
SUITE 314
PUNTA GORDA FL 33950

3. Date Incorporated or Qualified

01/11/1993

3a. Date of Last Report

03/22/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

4. FEI Number

65-0388377

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOZNEY, HOLLY
100 MADRID BLVD.
SUITE 314
PUNTA GORDA FL 33950

81 Name DAVID M. LOMBARDI

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

20428 ELROSE AVE

83

84 City PORT CHARLOTTE FL

85 Zip Code 33954

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

David M. Lombardi

Signature typed or printed name of registered agent, or both, if applicable

(NOTE: Registered Agent Signature required when new agent is appointed)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME WOZNEY, HOLLY
STREET ADDRESS 100 MADRID BLVD., SUITE 314
CITY-ST-ZIP PUNTA GORDA FL 33950

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/P ☒ Change ☐ Addition
12 NAME DAVID M. LOMBARDI
13 STREET ADDRESS 20428 ELROSE AVE
14 CITY-ST-ZIP PORT CHARLOTTE FL 33954

2.1 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
42 NAME 400001778864
43 STREET ADDRESS -04/12/96--01086--003
44 CITY-ST-ZIP ***200.00

5.1 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is true and correct. I further certify that the information indicated on this annual report or supplemental 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 thereof; and that I am authorized 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 order.

SIGNATURE:

David M. Lombardi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/96 941-639-6404
DATE DATE

CR2E034 (12/95)