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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P930003859

## FILED Apr 11 1997 8:00am Secretary of State

TIGERCUTS OF PEMBRO  Tiginal Place of Business  SO SW 6 COURT  ABROKE PINES FL 33027	Mail:	ing Address O SW 6 COURT BROKE PINES FL 33	027-1602					
					3. Date incorporated or Qualifie 05/25/1993		ate of Last /01/1996	
Pancipal Place of Business	2a. 1	Mailing Address			4. FEI Number 65-04 19258			Applied For Not Applicab
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Certificate of Status Desired			Additional
	27		·		b. Certificate of Status Desired		·	Required
City & State	28)	City & State			6. Election Campaign Financing Trust Fund Contribution	, D		D May Be d to Fees
Zip Counti		?ip	Coun	try	8. This corporation has liability f			
25	29		30		Florida Statutes	Z Yes		
LEBVINE, HERB	ess of Current Registe	reo Agent		11 Name	10. Name and Address of New	Hegistered	Agent	
13550 SW 6 COURT			١	2 Street Ad	Street Address (P.O. Box Number is Not Acceptable)			
APT 401A					OIBSS (F.O. BOX NUMBER IS NOT ACCEP	nable)		
PEMBROKE PINES FL 3	3027		18	13				
			1	14 City	rranger and and an analysis an	FI	65 Zip	Code
	h, in the State of Florida cept the obligations of, !	Such change was Section 607,0505, F	authorized lorida Statu	by the corpor les.	rporation submits this statement for the ation's board of directors. I hereby ac	cept the ap	pointment a	is regisiered
SNATURE Signature type if or prioled nam	n, in the State of Florida cept the obligations of, t med registred agent and the di DEFICERS AND DIRECT	applicable (NC	7E Registered /	Agent signature req	ation's board of directors. I hereby ac quired when reinstating) ADDITIONS/CHANGES TO OF	DATE	D DIRECTO	DRS IN 12
SIGNATURE Signature type die prinded ruin  C  LEVINE, HERB ELADDRESS 13550 SW 6TH CO	ne of regions of agent and the of DEFICERS AND DIRECT	appiloable (NC	13. 1.3 TITL 1.2 NAM 1.3 STRI	Agent signature req	uired when reinstating)	DATE		DRS IN 12
Signature type dee prinded rain  C  LEVINE, HERB 13550 SW 6TH CC PEMBROKE PINES	ne of regions of agent and the of DEFICERS AND DIRECT	applicable (NC	13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY	Agent signature req E IE EFT ADDRESS -ST-ZIP	uired when reinstating)	DATE	D DIRECTO	DRS IN 12
Signature type dier prinded ruin  C  D  LEVINE, HERB 13550 SW 6TH CC PEMBROKE PINES	ne of regions of agent and the of DEFICERS AND DIRECT	applicable (NC ORS DELETE	13. 1.3 TITL 1.2 NAM 1.3 STRI	Rogent signature records  E  IE  EFI ADDRESS  - S1 - ZIP  E	uired when reinstating)	DATE	D DIRECTO	DRS IN 12
NATURE Signature type of or product ruin  C  LEVINE, HERB 13550 SW 6TH CO PEMBROKE PINES	ne of regions of agent and the of DEFICERS AND DIRECT	applicable (NC ORS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI	Agent signature red  E  RE  SET ADDRESS  -ST-ZIP  E  E  E  E  E  E  E  E  E  E  E  E  E	uired when reinstating)	DATE	D DIRECTO	DRS IN 12
NATURE Signature type of or printed rain  C  D  LEVINE, HERB 13550 SW 6TH CC PEMBROKE PINES  ET ADDRESS ST-ZIP	ne of regions of agent and the of DEFICERS AND DIRECT	appocable (NC) ORS DELETE	13. 1 1 117L 1 2 NAM 1 3 STRI 1 4 CITY 2 1 TITL 2 2 NAM 2 3 STR 2 4 CIT	Agent signature requirements for the second signature requirements for	uired when reinstating)	DATE	D DIRECTO	DRS IN 12 Addit
Signature type dier prinded rain  C  D  LEVINE, HERB 13550 SW 6TH CC PEMBROKE PINES  I  ET ADDRESS ST-78	ne of regions of agent and the of DEFICERS AND DIRECT	applicable (NC ORS DELETE	13. 1.1 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI	Agent signature red  E  RE  EET ADDRESS  - ST- ZIP  E  EET ADDRESS  Y- ST- ZIP  E  EET ADDRESS  Y- ST- ZIP	uired when reinstating)	DATE	D DIRECTO	DRS IN 12 Addit
SIGNATURE Signature type of or priviled rain  C F F F E E F F F F F F F F F F F F F	ne of regions of agent and the of DEFICERS AND DIRECT	appocable (NC) ORS DELETE	13. 1.5 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM	Agent signature red  E  RE  EET ADDRESS  - ST- ZIP  E  EET ADDRESS  Y- ST- ZIP  E  EET ADDRESS  Y- ST- ZIP	uired when reinstating)	DATE	D DIRECTO	ORS IN 12  Additi
Signature type of expedite rain  C  F  IE  IE  ISIGNATURE  D  LEVINE, HERB  13550 SW 6TH CO  PEMBROKE PINES  F  III  III  III  III  III  III  III	ne of regions of agent and the of DEFICERS AND DIRECT	appocable (NC) ORS DELETE DELETE	13. 1 1 1171 1 2 NAM 1 3 STRI 1 4 CITY 2 1 TITL 2 2 NAM 2 3 STR 2 4 CIT 3 1 TITL 3 2 NAM 3 3 STR 3 4 CIT	Agent signature red  E  E  E  E  E  E  E  E  E  E  E  E  E	uired when reinstating)	DATE	D DIRECTO Change Change	ORS IN 12 Additi
SNATURE Signature type of de principal rain  C F F R BELLADORESS 13550 SW 6TH CC PEMBROKE PINES F III F F F F F F F F F F F F F F F F	ne of regions of agent and the of DEFICERS AND DIRECT	appocable (NC) ORS DELETE	13. 1.5 TITL 1.2 NAM 1.3 STRI 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STRI 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STRI 3.4 CIT 4.1 TITL	Agent signature red  E  E  E  E  E  E  E  E  E  E  E  E  E	uired when reinstating)	DATE	D DIRECTO	ORS IN 12 Additi
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SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayt me Phone #