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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

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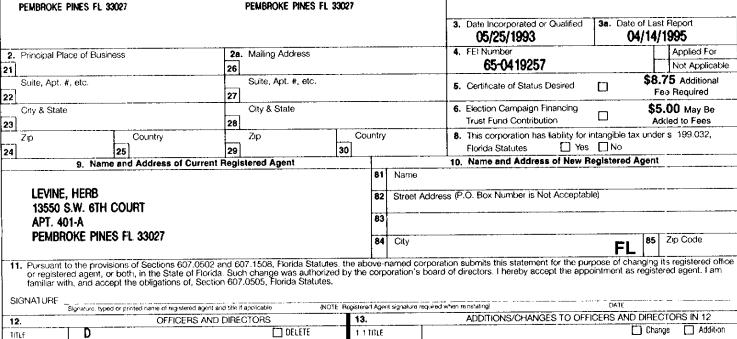
L	OCCIVIEIN 1 F	F	(U)
1.	Corporation Name	·	. ,

TIGERCUTS OF SUNRISE, INC.

Principal	Place	e of E	Business <sub>.</sub>	
13550	S.W.	6TH	COURT	

Mailing Address

13550 S.W. 6TH COURT PEMBROKE PINES FL 33027



SIGNATURF	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent signature required		
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
TITLE	D DELETE	1 1 TITLE	☐ Change	Addition
NAME	LEVINE, HERB	1.2 NAME		
STHEFT ADDRESS	13550 S.W. 6TH COURT, APT. 401-A	1.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL 33027	1.4 CITY-ST-ZIP		
TITLE	DELETE	2. 1 TITLE	Change	☐ Add-tion
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2 4 CITY-ST-ZIP		
TITLE	DELETE	3 1 TITLE	☐ Chançe	Addition
NAME		32 NAME		
STREET ADDRESS		3.3. STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY - \$1 - ZIP		
THUE	DELETE	4. 1 TITLE	☐ Change	Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY - ST - ZIP		
TIFLE	DELETE	5 1 TiTLE	Change	☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-7:P		5 4 CITY - ST - ZIP		
TITLE	☐ DELETE	6. 1 TITLE	☐ Change	Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY - ST - ZIP		

14. Ido 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 in this deal report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or directify of the or poration or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapters or or an attachment with an address.

FICER OR DIRECTOR

SIGNATURE:

\_\_\_\_\_

954-431-5740