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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000021272 (7) DOCUMENT

FILED Jan 15 1998 8:00am Secretary of State

CUTTING EDGE INDUSTRIES, INC. Principal Place of Business Mailing Address 260 NW 2ND ST 260 NW 2ND ST DEERFIELD BEACH FL 33341 DEERFIELD BEACH FL 33341 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/14/1994 2. Principal Place of Business 2a. Mailing Address 4 FFI Number Applied For 26 65-0478251 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year intangible 24 25 29 30 Personal Property Tax due June 30. 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 NAVARRA, BARRY A 10795 EUREKA ST Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33428** 83 Zip Code 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 Signature, typed or printed name of registered agent and titls if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELETE Change 1.1 TITLE TITLE NAVARRA, BARRY A 1.2 NAME 72E034 NAME 10795 EUREKA ST 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33428** 1.4 CiTY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAVARRA, RONALD P NAME 2.2 NAME STREET ADDRESS 771 SIESTA KEY TRAIL 2.3 STREET ADDRESS DEERFIELD BCH FL CITY-ST-ZIP 2. 4 CITY - ST- ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADORESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETÉ Change 4.1 TITLE TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DELETE Change Addition 5,1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-SI-ZIF 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 changed, or on an attachment with an address.

SIGNATURE: Bluy

· 984-428-6124