FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 28 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000040878 (8)

1. Corporation Name
MANE HARBOR CUTTING CLUB, INC.

Principal Place of Business	Mailing Address
% CARMELA A. TOMMASI 8156 VILLAGE GREEN ROAD ORLANDO FL 32818	% CARMELA A. TOMMASI 8156 VILLAGE GREEN ROAD ORLANDO FL 32818

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 c/o Tammie Washington	2a. Mailing Address: 26 c/o Tammie Washington
Suite, Apt. #, etc: 22 6900 Silver Star Rd, ste 114	Suite, Apt. #, etc: 27 5497 Timberleaf blvd, #1507
City & State: 23 ORLANDO, FL	City & State: 28 ORLANDO, FL
Zip: 24 32818 — Country: 25 ORANGE	Zip: 29 32811 — Country: 30 ORANGE

3. Date Incorporated or Qualified: 05/27/1994
3a. Date of Last Report:
4. FEI Number: 59-3247907 — 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

TOMMASI, CARMELA A
8156 VILLAGE GREEN ROAD
ORLANDO FL 32818

10. Name and Address of New Registered Agent

81 Name: TAMMIE J. WASHINGTON
82 Street Address (P.O. Box Number is Not Acceptable): 5497 TIMBERLEAF BLVD, #1507
83
84 City: ORLANDO — FL — 85 Zip Code: 32811

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: Tammie Washington — 4/25/95
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	STRICKLAND, TERESA
STREET ADDRESS	3309 PAISLEY CIRCLE
CITY ST ZIP	ORLANDO FL 32817

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	director/president	☒ Change ☐ Addition
1.2 NAME	TAMMIE J. WASHINGTON	
1.3 STREET ADDRESS	5497 TIMBERLEAF BLVD, # 1507	
1.4 CITY ST ZIP	ORLANDO, FL 32811	
2.1 TITLE	vice president	☐ Change ☒ Addition
2.2 NAME	HOWARD J. WASHINGTON	
2.3 STREET ADDRESS	5497 TIMBERLEAF BLVD, #1507	
2.4 CITY ST ZIP	ORLANDO, FL 32811	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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(1)(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: Tammie Washington /TAMMIE J. WASHINGTON — 4/24/95 — 407 298-5538
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0060647 CP