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 # **P94000040878 (8)**

1. Corporation Name

MANE HARBOR CUTTING CLUB, INC.

Principal Place of Business	Mailing Address
C/O TAMMIE WASHINGTON 6900 SILVER STAR RD., STE 114 ORLANDO FL 32818 US	C/O TAMMIE WASHINGTON 5497 TIMBERLEAF BLVD., STE 1507 ORLANDO FL 32811 US

3. Date Incorporated or Qualified: **05/27/1994**
3a. Date of Last Report: **04/28/1995**

2. Principal Place of Business	2a. Mailing Address
21	26 5428 Stirrup Way
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Orlando FL
Zip 24 / Country 25	Zip 29 32810 / Country 30 U.S.

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

WASHINGTON, TAMMIE J
5497 TIMBERLEAF BLVD., STE 1507
ORLANDO FL 32811

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) 5428 Stirrup Way

83

84 Orlando **FL** 85 Zip Code 32810

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, this 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	11 TITLE		☒ Change ☐ Addition
NAME	WASHINGTON, TAMMIE J		12 NAME		
STREET ADDRESS	5497 TIMBERLEAF BLVD., #1507		13 STREET ADDRESS	5428 Stirrup Way	
CITY-ST-ZIP	ORLANDO FL		14 CITY-ST-ZIP	Orlando, FL 32810	
TITLE	VP	☐ DELETE	21 TITLE		☒ Change ☐ Addition
NAME	WASHINGTON, HOWARD J		22 NAME		
STREET ADDRESS	5497 TIMBERLEAF BLVD., #1507		23 STREET ADDRESS	5428 Stirrup Way	
CITY-ST-ZIP	ORLANDO FL		24 CITY-ST-ZIP	Orlando FL 32810	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (12/95)

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(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 attached sheet with an address.

SIGNATURE: Tammie Washington TAMMIE WASHINGTON (407) 299 5934

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #