FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400046048 (2)

CUTTIN' UP & MAKIN' DOUGH, INC. Principal Place of Business Mailing Address 1141 N. FEDERAL HWY. FT LAUDERDALE FL 33304 FT LAUDERDALE FL 33304-1423					
				3. Date Incorporated or Qualified 06/20/1994	3a. Date of Last Report 07/24/1996
2. Principal P	lace of Business	2a. Mailing Address 26		4. FEI Number 65-0504219	Applied For Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat 23	é	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζιρ 24	Country 25		Country 30		Yes No
	9. Name and Address of Curren	nt Registered Agent	81 Name	10. Name and Address of New Re	gistered Agent
	NTER, MARY		I'I Name C1	maylo, Barbar	
	I1 NORTH FEDERAL HWY RT LAUDERDALE FL 33304		82 Street Add	ress (P.O. Box Number is Not Acceptat	ole)
rui	NI DAUDENDALE FL 33304		83	ZAN	
			0.00		85 Zip Code
			84 City		FL 85 Zip Code
11. Pursuant office or agent 1 a SIGNATURE	am familier with, and accept the oblig What was a substance of the oblig Signature, typed or printed name of registered signature.	nations of, Section 607.0505, Flo Natural Section 607.0505, Flo	orida Statutes.	poration submits this statement for the pation's board of directors. I hereby accelloance bara W. Cmay lowered when reinstating) ADDITIONS/CHANGES TO OFFICE	1/21/97 DATE
TITLE	P	DELETE	1.1 TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change Addition
NAME	WINTER, MARY		1.2 NAME		
STREET ADDRESS	1141 N. FEDERAL HWY.		1.3 STREET ADDRESS		
CITY - ST - ZIP	FT LAUDERDALE FL 33304		1.4 CITY - ST - ZIP		
TITLE	ST CHAVIO PADDADA W	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CMAYLO, BARBARA W 1141 N. FEDERAL HWY.		2.2 NAME		
STREET ADDRESS	FT LAUDERDALE FL 33304		2.3 STREET ADDRESS 2 4 CITY-ST-ZIP		
CITY - ST - ZIP		DELETE	3.1 TITLE	- 1	Change Addition
NAME			32 NAME		-
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4. CITY-ST-ZIP	·	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME		had becer	52 NAME		tent works Land of the
STREET ADDRESS			53 STREET ADDRESS		
CITY-S1-ZIP			5.4 City-St-Zip		
TITLE		DELETE	6.1 TIFLE		Change Addition
NAME			6.2 NAME		
CTREET ANDRESS	1		6 2 CTDEET ADDRESS		

14. I do 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.

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZiP

Sauban Hmall Barbara W.

1/21/97 (984) Og/ Ogytime Phone #

FILED

Jan 28 1997 8:00am

Secretary of State

BOE034 (9/96)