

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000007382 (1)

1. Corporation Name

SMARTCUTS, INC.



Principal Place of Business

Mailing Address

122 FIESTA WAY
FT LAUDERDALE FL 33301

122 FIESTA WAY
FT LAUDERDALE FL 33301

2. Principal Place of Business

2a. Mailing Address

21 524 S. Andrews Avenue

26 240 Shadowline Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 102N

27

23 Ft. Lauderdale, FL

28 Boone, NC

City & State

City & State

24 33301

25 USA

29 28607

30 USA

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
01/27/1995

3a. Date of Last Report

4. FEI Number

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

10. Name and Address of New Registered Agent

NINA JACOBSON, P.A.
524 S ANDREWS AVE
SUITE 102N
FT LAUDERDALE FL 33301-D

81 Name

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

83

84 City

FL

85 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 then, if applicable,

(If (11) Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME SILVA, KENNETH A
STREET ADDRESS 122 FIESTA WAY
CITY-ST-ZIP FT LAUDERDALE FL 33301

TITLE D ☒ DELETE

NAME WILLIAMS, MARSHALL E JR.
STREET ADDRESS 7080 NW 82 TERR
CITY-ST-ZIP PARKLAND FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME Kenneth Silva

13 STREET ADDRESS PO Box 188

14 CITY-ST-ZIP Blowing Rock, NC 28605

21 TITLE Vice President

22 NAME Nina Silva

23 STREET ADDRESS PO Box 188

24 CITY-ST-ZIP Blowing Rock, NC 28605

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 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(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Nina Silva

1/20/96

954-
764-2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)