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 # **P95000007530 (5)**

1. Corporation Name

THE CUTTING EDGE OF ORLANDO, INC.

Principal Place of Business	Mailing Address
~~6845 NARCOOSSEE ROAD~~ ~~SUITE 50~~ ORLANDO FL 32822	~~6845 NARCOOSSEE ROAD~~ ~~SUITE 50~~ ORLANDO FL 32822

3. Date Incorporated or Qualified: 01/20/1995
3a. Date of Last Report:

2. Principal Place of Business
21 7138 Narcoossee Road
22 Suite, Apt. #, etc
23 City, & State
24 Zip
25 Country

2a. Mailing Address
26 7138 Narcoossee Road
27 Suite, Apt. #, etc
28 City & State
29 Zip
30 Country

4. FEI Number: 59-3291289 ☐ 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**

RAZZANO, TERRI (BO)
~~6845 NARCOOSSEE ROAD~~
~~SUITE 50~~
~~ORLANDO FL 32822~~

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 7138 Narcoossee Road
83
84 City: Orlando **FL** 85 Zip Code: 32822

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 of Registered Agent, if changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME	RAZZANO, TERRI (BO)		1.2 NAME		
STREET ADDRESS	~~6845 NARCOOSSEE RD., STE. 50~~		1.3 STREET ADDRESS		
CITY-ST-ZIP	~~ORLANDO FL 32822~~		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change	☐ Addition
NAME	RAZZANO, LAWRENCE		2.2 NAME		
STREET ADDRESS	~~6845 NARCOOSSEE RD., STE. 50~~		2.3 STREET ADDRESS		
CITY-ST-ZIP	~~ORLANDO FL 32822~~		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME			3.2 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			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change	☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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(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: Bo Razzano, Bo Razzano, Pres. 1-31-96 407-281-8853

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

CR2E034 (12/95)