

***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 # **P95000036210 (9)**

1. Corporation Name

KUTS BLIMPIE ENTERPRISES, INC.



Principal Place of Business

**28 W. FLAGLER ST., 12TH FLOOR
MIAMI FL 33130-1806**

Mailing Address

**C/O MAURICE JAY KUTNER
28 W. FLAGLER ST., 12TH FLOOR
MIAMI FL 33130-1806**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**KUTNER, MAURICE JAY
28 W. FLAGLER ST., 12TH FLOOR
MIAMI FL 33130-1806**

3. Date Incorporated or Qualified

05/04/1995

3a. Date of Last Report

4. FET 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

81

Name

MAURICE JAY KUTNER

82

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

28 W. FLAGLER STREET

83

12th Floor

84

City

Miami

FL

85 Zip Code

33130-1806

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

Maurice Jay Kutner
Signature, typed or printed name of registered agent and firm (if applicable)

MAURICE JAY KUTNER, PRESIDENT 3-19-96

(NOTE: Registered Agent sign of appointment when applicable)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**KUTNER JAY
KUTNER, MAURICE J
28 W. FLAGLER ST., 12TH FLOOR
MIAMI FL 33130-1806**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**KUTNER
KUTNER, MARISOL
28 W. FLAGLER ST., 12TH FLOOR
MIAMI FL 33130-1806**

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

**PRESIDENT *
MAURICE JAY KUTNER**

☐ Change ☐ Addition

12 NAME

☒ OMITTED

13 STREET ADDRESS

14 CITY - ST - ZIP

2.1 TITLE

**SECRETARY - TREAS. *
MARISOL KUTNER**

☐ Change ☐ Addition

22 NAME

☒ OMITTED

23 STREET ADDRESS

24 CITY - ST - ZIP

3.1 TITLE

☐ Change ☐ Addition

32 NAME

3.3 STREET ADDRESS

34 CITY - ST - ZIP

4.1 TITLE

☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

5.1 TITLE

☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

6.1 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Maurice Jay Kutner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sec. - Treas.

3-19-96

(305) 377-9411

CR2E034 (12/95)