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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000050079

1. Corporation Name

CUTTING CREW CORP.

Pri	ncipa	il Plac	e of	Bus	iness
221	NO.	DIXIE	HIG	HWA	Υ

Maiting Address

## **FILED** Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90103 020 \*\*\*150.00



221 NO. DIXIE HIGHWAY HALLANDALE FL 33009 HALLANDALE FL 33009					DO NOT WRITE IN THIS	SPACE			
						3. Date Incorporated or Qualifed 06/26/1995			
2.	Principal Place of Business	2a. Mailing Add	ress			4. FEI Number	$\neg$	Applied For	
21	•	26				65-0595455		Not Applicable	
22	Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
23	City & State	City & State	•			6. Election Campaign Financing Trust Fund Contribution		00 May Be ded to Fees	
24	Zip Country	Zip <b>29</b>	30	intry		This corporation owes the current year Inta Personal Property Tax.	ngible Yes	□No	
	9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
	JONES, ROBERT F		<u></u>	81	Name				
221 NO. DIXIE HIGHWAY HALLANDALE FL 33009				82	Street Address (P.O. Box Number is Not Acceptable)				
			83						
				84	City	FL	85	Zip Code	
	Durguent to the provisions of Sections 607.0	502 and 607 1508 Flor	ida Statutes, the a	hove	-named como	ration submits this statement for the purpose of	hangin	a its reaistered	

ruisuant to the provisions of Sections 607,0002 and 607,1008, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register 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 title	f applicable. (NOTE: F	Registered Agent signature rec	quired when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			RS IN 12
TITLE	D	☐ DELETE	1,1 TITLE	•	Change	☐ Addition
NAME	JONES, ROBERT F		1.2 NAME		•	
STREET ADDRESS	221 NO. DIXIE HIGHWAY		1.3 STREET ADDRESS			
CITY-ST-ZIP	HALLANDALE FL 33009	_	1.4 CITY-ST-ZIP		<u></u>	
TITLE	D	DELETE	2.1 TITLE		· 🗀 Change	Addition
NAME	ROONOE, MARTIN P IV	·	2.2 NAME			
STREET ADDRESS	221 NO. DIXIE HIGHWAY		2.3 STREET ADDRESS			
CITY-ST-ZIP	HALLANDALE FL 33009		2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change	☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS	and the second s		
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 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 of 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, with all other like empowered.