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 # P95000052619 (0)

WETCUTS, INC.

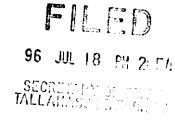
Principal Place of Business	Pi
106 SO. MACDILL AVENUE TAMPA FL 33609	

SIGNATURE: 5

Mailing Address

106 SO. MACDILL AVENUE TAMPA FL 33609

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR





3. Date Incorporated or Qualified 3a. Date of Last Report

7/3/96 (813)348.0919

								07/03/1995				
	Principal Place o	of Business		2a. M	2a. Mailing Address			4. FEI Number Applied Fo	ır			
21				26	26			Not Applic.	able			
	Suite, Apt. #, etc				Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional	11			
22				27				Fee Required				
	City & State				City & State			6. Election Campaign Financing 55.00 May Be				
23			***************************************	28				Trust Fund Contribution L. Added to Fees				
	Zip Country			Z ,	ip.	Count	ry	8. This corporation has liability for intangible tax under s. 199,032	١,			
24		25	 	29		[30]		Florida Statutes Yes 🔀 No				
			Address of Curren	Register	ed Agent			10. Name and Address of New Registered Agent				
		, edward				8	1 Name					
	106 \$ 0.	MACDILL	AVENUE			8	82 Street Address (P.O. Box Number is Not Acceptable)					
	TAMPA F	FL 33609				L						
						8	83					
							4 City	L Chu				
•						ľ	City	FL 85 Zip Code				
11.	Pursuant to the	provisions	of Sections 607,0502	and 607.	1508, Florida Statut	es, the abov	/e-named c	corporation submits this statement for the purpose of changing its registers	ed			
	 onice or registe 	ered agent, c	or both lin the State i nd accept the obliga	of Florida (Such change was a	authorized b	y the corpo	oration's board of directors. Thereby accept the appointment as registered	i			
CI	GNATURE		io occopi the conge	(10.10 DI, QI	500011 001 .0000, 1 10	onder Gleitelle	.5.					
510		re, lyped or per	ited name of registered ages	and title if ap	plicabic (NO	TE Regerered A	ger4 signature n	required when reinstating) [0.4-1]	-			
12.		_	OFFICERS AND	DIRECTO		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITL	.E	>			DELETE	1 1 TITLE			Jition			
NAME Faward Gerace						1.2 NAM	E					
and a dill Aug						1.3 STRE	ET ADDRESS					
CIT	Y-ST-ZIP	Tomba F 33609					-ST-ZIP					
TITE						2.1 11/16		Change Ado	dition			
NAA	ı					2.2 NAM						
	EET ADDRESS						ET ADDRESS					
	Y - ST - ZIP							500001898706 -07/19/9601003403				
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	1					3 2 NAM						
	EET ADDRESS						ET ADDRESS					
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7#11	1				DELETE	4.1 TITLE		Change Ado	dit on			
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_	REET ADDRESS					4 3 STRE	ET ADDRESS					
	Y-ST-ZIP						- S1 - ZIP					
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STR	EET ADDRESS					5 3 S1RE	ET ADORESS	·				
Cit	Y - \$T - ZIP					5 4 CITY	- ST - 21P					
TITL	.E				DELETE	6 1 TITLE		Change Ack	dit on			
NAI	J E					6 2 NAM	£					
STR	EET ADORESS					6.3 STRE	ET ADORESS					
	Y-ST-ZIP					6 4 CITY						
	I do hereby cert	tify that the	information supplied	with this f	iling is voluntarily fu	rnished and	does not o	L qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes T				
	 further certify the made under oat 	nat the inford the that Lam	mation indicated on :	this annual	f report or supplementation or the rec	ental annua ever or trus	report is tru	rue and accurate and that my signature shall have the same legal effect as vered to execute this report as required by Chapter 617, Florida Statutes, a	and and			