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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000055197

Corporation Name
CUTTHROAT PINOCHLE NEWSLETTER, INC.

Principal Place of Business	Mailing Address
12425 S.W. 226TH ST. GOULDS FL 33170	12425 S.W. 226TH ST. GOULDS FL 33170

[redacted]

Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
	28	~~10/05/1999~~ 7/18/95
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number ~~65-0484522~~ 65-0626 841 ☐ Applied For ☐ Not Applicable
	27	
City & State	City & State	5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
	28	
Zip Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COLLINS, ANTHONY 12120 SW 271ST STREET MIAMI FL 33032	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

7. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	PD ☐ Change ☒ Addition
NAME	COLLINS, MARION	1.2 NAME	WALKER, LYDIA E.
STREET ADDRESS	2301 JUANITA AVENUE	1.3 STREET ADDRESS	12425 S.W. 226 STREET
CITY-ST-ZIP	[illegible]	1.4 CITY-ST-ZIP	GOULDS,FL. 33170
TITLE	D ☐ DELETE	2.1 TITLE	TD ☐ Change ☒ Addition
NAME		2.2 NAME	DE BOSE,ANDRE
STREET ADDRESS		2.3 STREET ADDRESS	821 N.W. 6TH AVENUE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	PLANTATION,FL.
TITLE	☐ DELETE	3.1 TITLE	SD ☐ Change ☒ Addition
NAME		3.2 NAME	COLLINS,ANTHONY
STREET ADDRESS		3.3 STREET ADDRESS	12120 S.W. 271ST STREET
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI,FL 33032
TITLE	TD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP	GOULDS FL 33170	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	

CR2E037 (11/98)

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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED LYDIA E. WALKER PRESIDENT 4/29/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (305) 258 5959 Daytime Phone #