

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 # P95000062210 (6)

1. Corporation Name

SOLE PROVIDER OF CUTLER RIDGE, INC.



Principal Place of Business

U.S. 1 & FLORIDA TURNPIKE
ROOM 883, CUTLER RIDGE MALL
MIAMI FL 33189

Mailing Address

U.S. 1 & FLORIDA TURNPIKE
ROOM 883, CUTLER RIDGE MALL
MIAMI FL 33189

2. Principal Place of Business

21 20505 S. DIXIE HWY. 10911 TAFT ST.

Suite, Apt. #, etc.

22 SUITE 803

City & State

23 MIAMI FL

24 33189 25 US

2a. Mailing Address

27 10911 TAFT ST.

Suite, Apt. #, etc.

28 PEMBROKE PINES, FL

City & State

29 33026 30 US

Zip

Country

3. Date Incorporated or Qualified
08/11/1995

3a. Date of Last Report

4. FEI 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

9. Name and Address of Current Registered Agent
WELCH, PAMELA
U.S. 1 & FLORIDA TURNPIKE
ROOM 883, CUTLER RIDGE MALL
MIAMI FL 33189

81 Name

WELCH, PAMELA

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

10911 TAFT ST.

83

84 City

PEMBROKE PINES FL 85 Zip Code

33026

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0506, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and then it applies.

PAMELA WELCH

5.1.96

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WELCH, PAMELA
STREET ADDRESS U.S. 1 & FLORIDA TURNPIKE #883
CITY-ST-ZIP MIAMI FL 33189

☐ DELETE

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAMELA WELCH

5.1.96 954.436.1292

Date

Daytime Phone #

CR2E034 (12/95)