


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

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90055 042 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000082624					
1. Corporation Name THE CLEAN CUTTERS, INC.					
Principal Place of Business 9267 RAMBLEWOOD DR., APT. 1412 CORAL SPRINGS FL 33071			Mailing Address 9267 RAMBLEWOOD DR., APT. 1412 CORAL SPRINGS FL 33071		
2. Principal Place of Business 21 4799 NW 92 Ter Suite, Apt. #, etc. -		2a. Mailing Address 26 4799 NW 92 Ter Suite, Apt. #, etc. -		3. Date Incorporated or Qualified 10/27/1995	
22 City & State 23 Coral Springs, FL Zip 24 33067		27 City & State 28 Coral Springs, FL Zip 29 33067		4. FEI Number 65-0619517 Applied For Not Applicable	
25 Broward		30 Broward		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent NORRIS, GERALD 7970 SW 164 ST MIAMI FL 33157				10. Name and Address of New Registered Agent 81 Name Norris, Gerald 82 Street Address (P.O. Box Number is Not Acceptable) 4799 NW 92 Ter 83 84 City Coral Springs FL 85 Zip Code 33067	
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 <u><i>Gerald K. Norris</i></u> DATE <u>3-25-99</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME D NORRIS, GERALD STREET ADDRESS 7970 SW 164 ST CITY-ST-ZIP MIAMI FL 33157			1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 4799 NW 92 Ter 1.4 CITY-ST-ZIP Coral Springs FL 33067		
TITLE <input type="checkbox"/> DELETE NAME D NORRIS, WENDY STREET ADDRESS 7970 SW 164 ST CITY-ST-ZIP MIAMI FL 33157			2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 4799 NW 92 Ter 2.4 CITY-ST-ZIP Coral Springs FL 33067		
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> DELETE			3.2 NAME		
TITLE <input type="checkbox"/> DELETE			3.3 STREET ADDRESS		
TITLE <input type="checkbox"/> DELETE			3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> DELETE			4.2 NAME		
TITLE <input type="checkbox"/> DELETE			4.3 STREET ADDRESS		
TITLE <input type="checkbox"/> DELETE			4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> DELETE			5.2 NAME		
TITLE <input type="checkbox"/> DELETE			5.3 STREET ADDRESS		
TITLE <input type="checkbox"/> DELETE			5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> DELETE			6.2 NAME		
TITLE <input type="checkbox"/> DELETE			6.3 STREET ADDRESS		
TITLE <input type="checkbox"/> DELETE			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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-99 954 2271910
Date Daytime Phone #

CR2E034 (11/98)