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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham .

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600080930 (6) CLEAN CUTS, INC.

Principal Place of Business Mailing Address

1400 SOUTHWEST 14TH DRIVE BOCA RATON FL 33486

2. Principal Place of Business

1400 SOUTHWEST 14TH DRIVE BOCA RATON FL 33486-6502

2a. Mailing Address

FILED May 20 1997 8:00am Secretary of State

3a. Date of Last Report

Applied For



3. Date Incorporated or Qualified

09/30/1996

4. FEI Number

21		26						65-0691873	i	No	t Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired			dditional
22		27		_	·			5. Certificate of Status Desired	F	es Re	quired
City & State	8	L-,	City & State					6. Election Campaign Financing			May Be
23		28		т				Trust Fund Contribution	-,		o Fees
Zip	Country	n	Zip 1	}ı	ountry			B. This corporation has liability for intangi		nder s.	199.032,
24	26 State and Address of Company	29	J	30	т			Florida Statutes Yes 10. Name and Address of New Register	No		
	9, Name and Address of Current	negi	IRIGIOU ADOIR		81	Name		10, Name and Address of New Register	eu Ayem		
DAVIS, JEFFREY M 1400 SOUTHWEST 14TH DRIVE						· Manu					
						82 Street Address (P.O. Box Number is Not Acceptable)					
BOC	CA RATON FL 33486				83			100			
					03						
					84	City			85	Zip (Code
						L			L		
11. Pursuant óffice or r	to the provisions of Sections 607.0502 registered agent, or both, in the State c	and t of Flor	607.1508, Florida Statut rida: Such change was :	es, inq authori	i above zed by	a-namea / the corr	corpora poration	ation submits this statement for the purpos 's board of directors. I hereby accept the a	e or chan appointm	ging it: ent as	s registered registered
agent. I a	m familiar with, and accept the obligat	ions o	of, Section 607.0505, Fi	orida S	tatute	·		, ,	• •		-
SIGNATURE				T. 60-21	harrar			when reinstating) DAT			
12,	Signature typed or printed name of registered agent OFTICERS AND				oma Aga	ait signature	required y	ADDITIONS/CHANGES TO OFFICERS		CTOF	S IN 12
TITLE	GI TIDENS AND	VII (L.	DELETE		i Tilli		D-	- =			Addition
NAME					P NAME		500	FREY M. DAVIS			
STREET ADDRESS						ADDRESS	140	OS.W. 144 DRIVE			
				•	A CITY-S	T ZID	Boc	A RATON, FL, 33486.			
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NAME					NAME						
STREET ADDRESS						ADDRESS					
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NAME					2 NAME		ļ			·	_
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				- 6	4 CITY-:		j				
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NAME				4	2 NAME						
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP					A CITY-S						
TITLE			☐ DELETE		1 TITLE		<u> </u>			hange	Addition
NAME	1			5.	2 NAME						
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP					4 CITY-S						
TITLE			DELETE		1 11TLF		 			hange	Addition
NAME				6.	2 NAME						
STREET ADDRESS						ADDRESS					
City-ST-ZIP					4 CITY - S						
14. I do here	by certify that the information supplied	with 1	this filing does not qual	fy for t	he exc	mption s	tated in	Section 119.07(3)(i), Florida Statutes. I fue	ther certi	fy that	the
information I am an c	on indicated on this annual report or su	ippler the re	mental annual report is eceiver or trustee empov	true an vered t	id acci	urate and	that m	y signature shalf have the same legal effec s required by Chapter 607, Florida Statute	as it ma	ide uni	der oath: that