


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0065923

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P96000087389		
1. Corporation Name CUTLER FURNITURE CORP.		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JUL 30 AM 9:46



DO NOT WRITE IN THIS SPACE

Principal Place of Business 18844 S. DIXIE HWY. MIAMI FL 33157		Mailing Address 18844 S. DIXIE HWY. MIAMI FL 33157	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 10/23/1996	
22 City & State	27 City & State	4. FEI Number 65-0703154	
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country	29 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

SHAIKH, ZIAUDDIN
9310 FONTAINEBLEAU BLVD. #A114
MIAMI FL 33172

81 Name
82 Street Address (P.O. Box Number, if applicable)
000002948800--4
-08/03/99-01041-015
******150.00 ****150.00**
83
84 City
FL
85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SHAIKH, ZIAUDDIN	
STREET ADDRESS	9310 FONTAINEBLEAU BLVD., #A114	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	ARIF, MOHAMMED	
STREET ADDRESS	9310 FONTAINEBLEAU BLVD., #A114	
CITY-ST-ZIP	MIAMI FL 33172	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-28-99 **305-259-6150**
Date Daytime Phone #

CR2E034 (5/99)

JULY 27TH, 1999

DIVISIONS OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL. 32314

RE: CUTLER FURNITURE CORP.
E.I.N. 65-0703154

ATTENTION: MR. TONER

AS PER PHONE CONVERSATION WITH A LADY FROM YOUR DEPARTMENT, I WAS TOLD TO ADDRESS THIS LETTER TO MR. TONER DUE TO THE FACT THAT WE NEVER RECEIVED THE ORIGINAL ANNUAL REPORT TO PAY THE \$ 150.00, REQUESTED BY YOUR DEPARTMENT.

I WAS TOLD ON THE PHONE TO SEND \$ 150.00 WITH THE EXPLANATION OF WHY WE HAD NOT MADE THE PAYMENT.

PLEASE ACCEPT MY PAYMENT AND CONSIDER THAT A YEAR AGO I PAY THE ANNUAL FEE ON TIME, BECAUSE I RECEIVED YOUR ORIGINAL NOTICE, ALSO THIS IS THE SECOND YEAR THAT THIS COMPANY IS IN BUSINESS.

PLEASE REVIEW AND LET US KNOW YOUR OUTCOME.

SINCERELY



ARIF MOHAMMED, SECRETARY
CUTLER FURNITURE CORP.
18844 S. DIXIE HWY
MIAMI, FL. 33157