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

**FILED** Jun 23 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra Br Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 P97000019437 (7) DOCUMENT # ROBERT M. CUTTY ASSOCIATES, INC. Principal Place of Business Mailing Address 2450 SW 137TH AVE. #216 2450 SW 137TH AVE., #216 MIAMI FL 33175 MIAMI FL 33175 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/03/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0837 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 25 30 Personal Property Tax due June 30. Yes Yes 24 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DALEY, NOEL 4880 SOUTH WEST 152ND PLACE # # 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33185** 83 84 85 Zip Code 110 Pursuant to the provisions of Socilons 607.05.02 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 thrular with and accept the obligations of Section 607.0505 Florida Statutys. (NOTE Registered Agent ignature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 32E034 (10/97 13. TITLE Change Addition Saley-PRESIDENT 11 TITLE NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS 14 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE 2.1 TITLE PRESIDENT NAME 2.2 NAME CULHAM B. AMENGOR STREET ADDRESS 2.3 STREET ADDRESS 4880 S.W. ISZLA PLACE & MIRMI, FLORION 33/85 CITY-ST-ZIP 2 4 CHY-ST-ZIP SECRETARY/TREASURER \_\_ DELETE Change Addition TITLE PEARLINE M. BROWN 4860 S.W. 1521 ALACE, UI 3.2 NAME STREET ADDRESS UNITE 3.3 STREET ADDRESS FLORIDA 38185 CITY-ST-ZIP 3 4. CITY - ST - ZIP TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5 4 CITY - ST - ZIP CITY - ST - ZIP

SIGNATURE:

DELETE

6 1 TITLE

62 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 it 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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP