

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

FILED
Oct 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # [REDACTED]			
1. Corporation Name JOHN'S ENVIRO - CUTS, INC. #97000058437			
Principal Place of Business 10220 SW 6th St MIAMI, FL 33174		Mailing Address 10220 SW 6th St MIAMI, FL 33174	
2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent FASY, JOHN JR 10220 SW 6th St MIAMI, FL 33174		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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: JOHN FASY, JR 4/30/98			
12. OFFICERS AND DIRECTORS 11 TITLE NAME STREET ADDRESS CITY, ST, ZIP 12 TITLE NAME STREET ADDRESS CITY, ST, ZIP 13 TITLE NAME STREET ADDRESS CITY, ST, ZIP 14 TITLE NAME STREET ADDRESS CITY, ST, ZIP 15 TITLE NAME STREET ADDRESS CITY, ST, ZIP 16 TITLE NAME STREET ADDRESS CITY, ST, ZIP 17 TITLE NAME STREET ADDRESS CITY, ST, ZIP 18 TITLE NAME STREET ADDRESS CITY, ST, ZIP 19 TITLE NAME STREET ADDRESS CITY, ST, ZIP 20 TITLE NAME STREET ADDRESS CITY, ST, ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 21 TITLE NAME STREET ADDRESS CITY, ST, ZIP 22 TITLE NAME STREET ADDRESS CITY, ST, ZIP 23 TITLE NAME STREET ADDRESS CITY, ST, ZIP 24 TITLE NAME STREET ADDRESS CITY, ST, ZIP 25 TITLE NAME STREET ADDRESS CITY, ST, ZIP 26 TITLE NAME STREET ADDRESS CITY, ST, ZIP 27 TITLE NAME STREET ADDRESS CITY, ST, ZIP 28 TITLE NAME STREET ADDRESS CITY, ST, ZIP 29 TITLE NAME STREET ADDRESS CITY, ST, ZIP 30 TITLE NAME STREET ADDRESS CITY, ST, ZIP	
14. I hereby certify that the information reported on this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or applicable consolidated 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; I am a shareholder 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 or changed, or on an attachment with an address.			
SIGNATURE: THERESA L. FASY (ACCOUNTING) 9:30.98 4/30/98			

CR2E034 (10/97)