

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90183 021 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # P97000067757

1. Corporation Name  
**CARLSON'S CUT, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 8781 NW 16 STREET  
 PEMBROKE PINES FL 33024  
 US

Mailing Address  
 8781 NW 16TH STREET  
 PEMBROKE PINES FL 33024

3. Date Incorporated or Qualified  
**08/04/1997**

2. Principal Place of Business  
 21 **4830 W. C-48**

2a. Mailing Address  
 26 **4830 W. C-48**

Suite, Apt. #, etc.  
 22 \_\_\_\_\_ 27 \_\_\_\_\_

4. FEI Number  
**65-0770196**

Applied For  
 Yes  
 Not Applicable

City & State  
 23 **Bushnell, FL**

City & State  
 28 **Bushnell, FL**

Zip Country  
 24 **33513 USA** 25 **USA**  
 29 **33513** 30 **USA**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**CARLSON, MABEL**  
**8781 NW 16TH STREET**  
**PEMBROKE PINES FL 33024**

10. Name and Address of New Registered Agent  
 81 Name **ERIK CARLSON**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**4830 W. C-48**  
 83 **R**  
 84 City **BUSHNELL** FL 85 Zip Code **33513**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>D</b>	<input checked="" type="checkbox"/>
NAME	<b>CARLSON, MABLE</b>	
STREET ADDRESS	<b>8781 NW 16TH STREET</b>	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33024</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<b>ERIK W. CARLSON</b>		
1.3 STREET ADDRESS	<b>4830 W-C-48</b>		
1.4 CITY-ST-ZIP	<b>Bushnell, FL 33513</b>		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date **4/26/99** Daytime Phone # **352 7936318**

CR2E034 (1/98)