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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000101554 (8)

CLEARCUT ENTERPRISES, INC.

Principal Place of Business

Mailing Address

FILED Feb 19 1998 8:00am Secretary of State



| 1111 WOODSMERE PKWY. ROCKLEDGE FL \$2955 | | 1111 WOODSMERE PKWY. ROCKLEDGE FL 32955 | | DO NOT WRITE IN THIS SPACE | | |
|--|---|---|--|---|-----------------------------------|--|
| | | | | 3. Date Incorporated or Qualified 12/01/1997 | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For | |
| 21 3172 REGINA CT | | 26 3172 RELINA CT. | | 59-3480817 | Not Applicable | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| | ourne, Fl. | City & State 28 MELBOURDE | | Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | |
| Zip 24 3293 | | Zip 29 32935 | Country 30 Brevaed | This corporation owes or has paid the Personal Property Tax due June 30. | KA Yes □ No | |
| | 9. Name and Address of Currer | nt Registered Agent | 221 : : | 10. Name and Address of New Regist | ered Agent | |
| | SSELL, JAMES M | | 81 Name | SELL, JAMES W. | | |
| 1111 WOODSMERE PKWY. ROCKLEDGE FL 32955 | | | 82 Street Add | 82 Street Address (P.O. Box Number is Not Acceptable) 3.172 REGINA CT- | | |
| | | | 84 City | : LBOURNE | FL 85 Zip Code 32935 | |
| 11. Pursuant I office or re agent. I a | egistered agent, or both, in the State m familiar with, and accept the oblig | of Florida. Such change was ations of, Section 607,0505, Fl | tes, the above-named cor authorized by the corpora orida Statutes. | poration submits this statement for the purpation's board of directors. I hereby accept the | e appointment as registered | |
| | JAMES M. RUSSEU. Stonature, typod or printed name of registered age | - President/Minute | E: Register d Agent signature requ | . Cemeel | 2-13-98 ATE | |
| 12. | | D DIRECTORS | ∀ 13. | ADDITIONS/CHANGES TO OFFICERS | | |
| TITLE | D | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition | |
| NAME | RUSSELL, JAMES M | | 1.2 NAME | | | |
| STREET ADDRESS | 1111 WOODSMERE PKWY. | | 1.3 STREET ADDRESS | | ļi | |
| CITY-ST-ZIP | ROCKLEDGE FL 32955 | | 1.4 CITY - ST - ZIP | · · · · · · · · · · · · · · · · · · · | | |
| TITLE | | DELETE | 2.1 TITLE | | Change Addition (| |
| NAME | | | 2.2 NAME | | | |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 2. 4 CITY - ST - ZIP | | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | Change Addition | |
| NAME | | | 3.2 NAMÉ | \ | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 3.4. CITY-ST-ZIP | | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | Change Addition | |
| NAME | | | 4. 2 NAME | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 4.4 CITY - ST - ZIP | | | |
| TITLE | | ☐ DELET e | 5.1 TITLE | | Change Addition | |
| NAME | | | 5.2 NAME | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CITY+ST-ZIP | | | |
| TITLE | | ☐ DELE TE | 6.1 TITLE | | ☐ Change ☐ Addition | |
| NAME | | | 6.2 NAME | | İ | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-7IP | | | R & CITY - ST - 7/P | | | |

In 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.