PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800002367 1. Corporation Name

CUTLERY & COLLECTIBLES, INC.

Principal Place of Business 7110 LOCKWOOD ROAD

Mailing Address

FILED Mar 24, 1999 8:00 am **Secretary of State**

03-24-1999 90045 024 ***150.00



7110 LOCKWOOD ROAD LAKE WORTH FL 33467 LAKE WORTH FL 33467 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/09/1998 Applied For 2. Principal Place of Business 2a. Mailing Address FEI Number 65-*0803*362 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required ? 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country Zip 8. This corporation owes the current year Intangible Zip Country 30 Personal Property Tax. 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name KOEPPEL, JOEL P GROMKO & PORTER 82 Street Address 222 LAKEVIEW AVENUE STE. 260 306 East Boynton Beach Blvd WEST PALM BEACH FL 33401 83 Boynton Beach, FL 33435 84 85 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) istered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ DELETE ☐ Change ☐ Addition 1.1 TITLE TITLE 1.2 NAME NAME LUCILLE EDWARDS 7110 LOCKWOOD RD 1.3 STREET ADDRESS STREET ADDRESS LAKE WORTH, FL. 33467 1.4 CITY-ST-ZIP CITY-ST-ZIF Addition ☐ Change ☐ DELETE 2.1 TITLE TILE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE ☐ Change 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 61 TITLE Change ☐ Addition □ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

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 of 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 or an attachment with an address, with all other like empowered.

SIGNATURE

CR2E034.(1.1/98)