

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

0023185

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED
 JUN 29 AM 10:37
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # P98000051942
 1. Corporation Name
KUTZ, INC.

Principal Place of Business
201 GREYMON DR WEST PALM BEACH FL 33405

Mailing Address
201 GREYMON DR WEST PALM BEACH FL 33405

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/10/1998

4. FEI Number
65-0841737

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

2. Principal Place of Business

21 **2333 Acadie Dr.**

22 Suite, Apt. #, etc.

23 **Jacksonville Florida**

24 **32217** 25 **U.S.A**

2a. Mailing Address

26 **2333 Acadie Dr.**

27 Suite, Apt. #, etc.

28 **Jacksonville Florida**

29 **32217** 30 **U.S.A**

9. Name and Address of Current Registered Agent

**MINTMIRE, DONALD F
 265 SUNRISE AVE STE 204
 PALM BEACH FL 33480**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 **400002925584--7**

84 **-07/07/99--01076--019**

*****150.00 FL ***150.00**

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 *Donald H. Kutz* **pres.** DATE **6-24-99**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|---|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D KUTZ, RONALD H | 1.2 NAME | |
| STREET ADDRESS | 201 GREYMON DR | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33405 | 1.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 attached sheet with an address, with all other like empowered

SIGNATURE: *Donald H. Kutz* **Ronald H. Kutz Pres.** DATE: **6-24-99** DAYTIME PHONE #: **904-739-2136**

CR2E034 (1/199)

Kutz Inc.
Ronald H. Kutz
2333 Acadie Drive
Jacksonville, Florida 32217

Annual Report Filings
Division of Corporations
PO Box 1500
Tallahassee, Florida 32302-1500

RE: Late Filing For Kutz Inc. FEI # 65-0841737

To Whom it may concern;

Please accept my filling for Kutz Inc. I relocated to Jacksonville Florida in March of 99. I did receive the form while in Palm Beach and put it in with my corporate paper in my file cabinet. I just went through my files today for my CPA and found the report. I promptly called your office and talked to Tina, which she instructed me to file the report without a penalty. I am very sorry for this over sight on my part. Any question please call (904) 739-2136 or e-mail ronaldkutz@msn.com

Sincerely,



Ronald H. Kutz