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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$34887

SCISSOR HANDS INC.

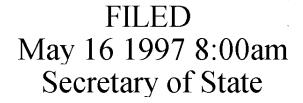
(7)

Principal Place of Business

Mailing Address

1699 S. FEDERAL HWY

1699 S. FEDERAL HWY





| Suite Apt #, etc. Suit | BOCA RATON FL 83432 | | BOCA RATON FL 33432-7434 | | | | | |
|--|-----------------------------|--|--|---|---|---|------------------------------------|--|
| Sulfe, Apt, 4, Mc. Sulfe, Apt, 4, Mc. Sulfe, Apt, 4, Col. | ····· <u>·</u> | | | | 1 | 02/26/1991 | | • |
| Suit | | lace of Business | | | | •• | | Applied For |
| City & State 27 City & State 29 Country 29 29 20 Country 20 Country 20 20 20 20 20 20 20 20 20 20 20 20 20 | | 4 -4- | | | | 65-0247921 | | Not Applicable |
| 28 | 22 | | ├ ── ' | | | 5. Certificate of Status Desired | | |
| Zip Country Zip Country Zip Country Statistics Country C | _ · | 9 | <u>├</u> ─1 ' | | | , , | | |
| Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent | Zip | Country | Ζφ | Cou | ntry | | ntangible tax un | der s. 199.032, |
| MCGEDDY, ROXANNE 22124 PALMS WAY SUTE 105 BOCA RATON FL 33433 68 City City City City City City City City | 24 | | | 30 | · | | | |
| 22124 PALMS WAY SUITE 105 BOCA RATON FL 33433 46 City FL 05 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1509. Florida Statutes, the between amed corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Statutes, the between amed corporation's board of directors. I hereby accept the expointment as registered agent, or both, in the State of Florida. Statutes, the between amed corporation's board of directors. I hereby accept the expointment as registered agent, and familiar with, and accept the obligations of Sections 607 0505. Florida. Statutes, the debove-named corporation's board of directors. I hereby accept the expointment as registered agent, and familiar with, and accept the obligations of Section 607 0505. Florida Statutes. SIGNATURE Signature. Typed or present name of registered agent and size if simulations. BOCIA registered Agent agraded registere regarded Agent agraded registere regarded Agent agraded registered registered registered agent, and in the purpose of changing its registered agent, and in the purpose of changing its registered agent, and in the purpose of changing its registered agent, and in the purpose of changing its registered agent, and in the purpose of changing its registered agent, and in the purpose of changing its registered agent, and in the purpose of changing its registered agent, and in the purpose of changing its registered agent, and in the purpose of changing its registered agent, and in the purpose of changing its registered agent, and in the purpose of changing its registered agent, and in the purpose of changing its registered agent, and in the purpose of changing its registered agent, and in the purpose of changing its registered agent, and in the purpose of changing its registered agent, and in the purpose of changing its registered agent, and in the purpose of changing its registered agent, and in the purpose of changing its registered agent, and in the purpose of changing its | | | Registered Agent | | | 10. Name and Address of New Reg | istered Agent | |
| SUITE 105 BOCA RATON FL 33433 11. Pursuant to the provisions of Socions 607 0502 and 607 1508. Florida Statulos, the above-named corporation submits this statement for the purpose of changing its registere effect or significant agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registeres gisteres. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. IN ILL 10 | | | | | 81 Name | | | |
| BOCA RATON FL 33433 64 City | | | • | | 82 Street Ac | Idress (P.O. Box Number is Not Acceptable | le) | |
| 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the showen-parted corporation submits this statement for the purpose of changing its register of eight or or gristered agent, in the State of Florida Such change was sufficiency by the corporation's board of directors. I hereby accept the appointment as registered agent and not except the obligations of, Section 607,0505, Florida Statutes, the corporation's board of directors. I hereby accept the appointment as registered agent and not except the obligations of, Section 607,0505, Florida Statutes, the corporation's board of directors. I hereby accept the appointment as registered agent and not except the obligations of, Section 607,0505, Florida Statutes, the corporation's board of directors. I hereby accept the appointment as registered agent agent, and accept the obligations of, Section 607,0505, Florida Statutes, the corporation's board of directors. I hereby accept the appointment as registered agent agent, and accept the obligations of, Section 607,0505, Florida Statutes, the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of the purposes of changing its registered agent. I have a proper than a proper than accept the obligations of the purposes of changing its registered agent. I have a proper than a | | | | - | | | | |
| 1. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the blove-named corporation submits this statement for the purpose of changing its register of general and accopt the obligations. Such change was subtloated by the corporation's board of directors. I hereby accept the appointment as registeric significant with, and accept the obligations of, Section 607 0506, Florida Statutes 12. | BOC | CA RATON FL 33433 | | | 83 | | | |
| 11. Pursuant to the provisions of Sections 607 0509 and 607 1509. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, a am familiar with, and eccept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE | | | | | 84 City | | 85 | Zip Code |
| SIGNATURE Signature, spread or present and runs Empiricanie (NOTE: Registayers Agent agrianur required when refelating) DATE | 44 Diversel | to the man island of Continue 007 0000 | 10074500 E I. O | | | | | · |
| 12. | office or re agent. I as | egistered agent, or both, in the State of familiar with, and accept the obligations. | of Florida Such change was tions of, Section 607.0505, Fi | iles, the at authori≵ed lorida Stat | pove-named of by the corpo- utes. | orporation submits this statement for the pr ration's board of directors. I hereby accep | urpose of chang I the appointme | ing its registered nt as registered |
| TITLE | SIGNATURE . | Signature, typed or printed name of registered agen | t and the if applicable (NO | T£ : Registered | Agent signature rec | quired when reinstating) | DATE | · ••••• |
| NAME MCGEDDY, ROXANNE 12 NAME 22124 PALMS WAY STE 105 1.3 SIREFT ADDRESS 22124 PALMS WAY STE 105 1.4 City-St-2/P | | | | 13. | | ADDITIONS/CHANGES TO OFFICE | ERS AND DIREC | TORS IN 12 |
| STREET ADDRESS 22124 PALMS WAY STE 105 1.9 STREET ADDRESS 1.4 CITY-ST-ZIP | TITLE | • | ☐ DELETE | 1.1[1] | LE [| | | |
| City - St - Zip | NAME | | | 1.2 NA | ME | | | |
| TITLE | STREET ADDRESS | | | 1.9 ST | REET ADDRESS | | | |
| NAME | CITY-ST-ZIP | BOCA RATON FL | | 1.4 CI | Y-S1-21P | | | |
| STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | TITLE | | ☐ DELETE | 2.1 10 | LF | | ☐ Cha | nge 🔲 Addition |
| CITY-ST-ZIP | NAME | | | 2.2 NA | ME | | | |
| TITLE DELETE 3.1 TILE Change Addition NAME 32 NAME 32 NAME STREET ADDRESS CITY-ST-ZIP 34, CITY-ST-ZIP TITLE DELETE 4 TITLE Change Addition Additio | STREET ADDRESS | | | 2.3 \$1 | REET ADDRESS | | | |
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| CITY-ST-ZIP | NAME | | | 3.2 NA | ME. | | | |
| TITLE | STREET ADDRESS | | | 3.3 \$1 | REFT ADDRESS | | | |
| NAME | | | | 3.4, CI | IY-ST-ZIP | | | |
| STREET ADDRESS 43 STREET ADDRESS 44 CMY-ST-ZIP | TITLE | | ☐ DELETE | 4 1 111 | LF | | ☐ Cha | nge Addition |
| A 4 CITY-SI-ZIP | NAME | | | 4 2 N/ | AME : | | | |
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| TITLE | STREET ADDRESS | | | 5.3 ST | ree1 address | | | |
| NAME 6.2 NAME | CITY-ST-ZIP | | | 5.4 [†] CI1 | Y-\$1-ZIP | | | |
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| | STREET ADDOFFES | | | 6.3 ST | REE1 ADDRESS | | | |
| 6.4 CITY-S1-ZIP | 1 | 1 | | | | | | |

report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that poration or the receiver or trustee, empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name