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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

CUTTER BAY REALTY INC.

OUTE	I ON HEALT, INO						
Principal Pla	ce of Business	Mailing Ad	dress				T CORRECTED COLLEGES TO SELECTION OF THE SECOND STATES OF THE SECOND STA
18330 FRAN	JO RD.	18330 FRA	18330 FRANJO RD.				
MIAMI FL 33		MIAMI FL	MIAMI FL 33157				DO NOT WOITE IN THIS ODAGE
US		US	U\$				DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified
9 Principal	Place of Business	2a. Mading	Address				10/21/1991 4. FEI Number Applied For
	FIACE OF BUSINESS	— ⊢¬ ~	Actoress				
Suite, Apt	# elc	26 Suite A	pt. #, etc.				65-0290518 Not Applicable \$8.75 Additional
22		27	,pr. 11, 010.				5. Certificate of Status Desired Fee Regulred
City & Sta	ite	City & S	State				6. Election Campaign Financing \$5.00 May Be
23		le n	28				Trust Fund Contribution
Zip	Country		Country				8. This corporation owes or has paid the current year Intangible
24	25	29	3	30			Personal Property Tax due June 30. Yes No
	9. Name and Address of Curr	ent Registered Ag	ent				10. Name and Address of New Registered Agent
S/	AGE, FRED L.			8	31	Name	
	331 BEL AIRE DR			Ē	32	Street Ar	Address (P.O. Box Number is Not Acceptable)
	3330 FRANJO OFFICE					SHOOT	isoloso (10. dos residentes)
	IAMI FL 33157			8	33		
				ءَ ا	34	City	85 Zip Code
				`		Only	FL BS Zip Code
office or	t to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the ob-	te of Florida, Such	change was au	thorized	by 1	the corpo	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
SIGNATURE							
	Signature, typed to product many of registered.		(NOTE:		Agent	t signature re	required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12. TITLE	D OFFICIAL O	ND DIRECTORS	DELETE	13,	<u> </u>		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	SAGE, FRED L.	'	_ DECEIL	ł		- 1	
NAME	40000 FD44110 FD				1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
STREET ADDRESS	MIAMI FL						
CITY-ST-ZIP	MINIMI LC		DELETE	21 TITL		- ZIP	Change Addition
TITLE		· ·	DEILIE	2.2 NAM			Change Addition
NAME						ODDECC	
STREET ADDRESS				1		ADDRESS	
CITY-ST-ZIP TITLE			DELETE	2. 4 CM1 3.1 TITU		I - ZIP	Change Addition
NAME		'	PLCCIL	3.7 HILL			Onango Automori
STREET ADDRESS						DDRESS	
CITY - ST - ZIP			DELETE	3.4. CITY 4.1 THTL		- 2119	Change Addition
NAME		'		4 2 NAM			Comings 27/00thos
				1		PPOLCC	
STREET ADDRESS						DDRESS	
CITY-ST-ZIP TITLE			DELETE	4.4 City 5.1 titu		- 217	Change Addition
		'	OLLLIL	5.2 NAM			L Olongo L Addition
NAME OTREET ADDRESS						DDDEEC	•
STREET ADDRESS	(•		ADDRESS	
CITY-ST-ZIP			DELETE	5.4 CITY		- ZIP	Change Addition
TITLE		'	DUCETE	6.1 TITU		1	L.J Cliange L.J Adullion
NAME CTOSET ADDRESS				6.2 NAM		pppcce	
STREET ADDRESS				1		DDRESS	
CITY-ST-ZIP				6.4 CI1Y	r-ST-	- ZIP	

11. Thereby 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 atmost 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 truster 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 attach and address.

FILED

May 20 1998 8:00am

Secretary of State