FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S97454** **(0)**

1. Corporation Name

CUTS UNLIMITED TOTAL SERVICES INC.

Principal Place of Business	Mailing Address
1840 HYPOLUXO RD **SUIT A1** **LANTANA FL 33462**	**1840 HYPOLUXO RD** **SUIT A1** **LANTANA FL 33462**

3. Date Incorporated or Qualified: **12/02/1991**

3a. Date of Last Report: **07/19/1995**

4. FEI Number: **65-0304878** ☐ Applied For ☐ Not Applicable

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. Does corporation have liability for intangible tax under s. 199.032, Florida Statutes? ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent

KENNEDY, MARILYN
5694 LINCOLN CIRCLE E
LAKE WORTH FL 33463

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0502 and 608.4101, 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: *Marilyn K Kennedy* Date: 4-9-1996

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	KENNEDY, MICHAEL S		12 NAME	
STREET ADDRESS	129 PLANTATION AVENUE		13 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL		14 CITY-ST-ZIP	
TITLE	S	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	KENNEDY, KYLE J		22 NAME	
STREET ADDRESS	5694 LINCOLN CIRCLE EAST		23 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL		24 CITY-ST-ZIP	
TITLE	P	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	KENNEDY, MARILYN R		32 NAME	
STREET ADDRESS	5694 LINCOLN CIRCLE		33 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL		34 CITY-ST-ZIP	
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this report is complete, accurate and current; 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 added, or an attachment with an address.

SIGNATURE: *Marilyn K Kennedy* 4-9-1996 407-968-8211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)