

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V15795** (0)

1. Corporation Name

OLD CUTLER MARKET, INC.



Principal Place of Business

**7290 SW 168 ST
MIAMI FL 33157
US**

Mailing Address

**7290 SW 168 ST
MIAMI FL 33157
US**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**BEAN, THOMAS G.
25900 SW 182 AVE
HOMESTEAD FL 33031**

81. Name

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

83.

84. City

FL

85. Zip Code

3. Date Incorporated or Qualified

02/21/1992

3a. Date of Last Report

05/01/1995

4. FCI Number

65-0332220

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. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

SIGNATURE

Signature of person filing this report or the person authorized to file

Signature of person filing this report or the person authorized to file

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	BEAN, THOMAS G.	
STREET ADDRESS	25900 SW 182 AV	
CITY- ST- ZIP	HOMESTEAD FL	
TITLE	S	☐ DELETE
NAME	PORTER, WILLIAM P.	
STREET ADDRESS	17240 S.W. 89TH COURT	
CITY- ST- ZIP	MIAMI FL	
TITLE	VP	☐ DELETE
NAME	PORTER, LORRAINE P.	
STREET ADDRESS	17240 S.W. 89TH COURT	
CITY- ST- ZIP	MIAMI FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☒ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	- 21553 S.W. 89th Ave. Miami FL 33189
4. CITY- ST- ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY- ST- ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY- ST- ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY- ST- ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 254-3742

CR2E034 (12/95)