


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90112 005 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N31516</b>					
1. Corporation Name <b>CHERA, INC.</b>					
Principal Place of Business C/O JACK O. JOHNSON 1001 CARPENTERS WAY. APARTMENT K-108 LAKELAND FL 33809			Mailing Address C/O JACK O. JOHNSON 1001 CARPENTERS WAY. APARTMENT K-108 LAKELAND FL 33809		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 04/04/1989 4. FEI Number 59-2961522 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent JOHNSON, JACK O 1001 CARPENTERS WAY #K 108 LAKELAND FL 33809				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 Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD JOHNSON, IRIS M 1001 CARPENTERS WAY K-108 LAKELAND FL 33809	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD DODDRIDGE, BEN 1001 CARPENTERS WAY J-116 LAKELAND FL 33809	1.2 NAME	
STREET ADDRESS	SD ANDERSEN, MARION 1001 CARPENTER'S WAY H-208 LAKELAND FL	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATD DIEHL, ROBERT 1001 CARPENTERS WAY B-106 LAKELAND FL	1.4 CITY-ST-ZIP	
TITLE	TD SCHWARTZ, ESLEY 1001 CARPENTERS WAY A-149 LAKELAND FL 33809	2.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ATD WOLFE, SHIRLEY 1001 CARPENTERS WAY H-109 LAKELAND FL	2.2 NAME	(signature below)
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		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		4.1 TITLE	ANNA C. PETRY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	1001 CARPENTERS WAY K-402
STREET ADDRESS		4.3 STREET ADDRESS	LAKELAND, FL 33809
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	VP JAMES DODD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	1001 CARPENTERS WAY K-403
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-899-44-858-6130

CR2E037 (11/98)