**FILED** 

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90105 042 \*\*\*150.00

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9500009746

1. Corporation Name

CHEATIV	E CULUR CUPIES, INC.						
Principal Place	of Business	Mailing Address			-{	11 MB110 IB111 10011 A	
8811 SW 132 ST. MIAMI FL 33176		8811 SW 132 ST. MIAMI FL 33176		DO NOT WRITE IN TH	IIS SDACE		
US					3. Date Incorporated or Qualifed	IS SPACE	
					02/06/1995		ł
Principal Place of Business 2a. Mailing Address			_		4. FEI Number	Apr	plied For
21 26					65-0557325		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 A	dditional
22 27					5. Certifcate of Status Desired	Fee Re	quired
	City & State City & State				6. Election Campaign Financing	\$5.00	May Be
23					Trust Fund Contribution	Added to	o Fees
Zip	Tip Country Zip C				8. This corporation owes the current year		<b></b> .
24	25	29 30	0		Personal Property Tax.		□No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registere	d Agent	
OENIA	IEV JOHN W		81	Name		•	
PENNEY, JOHN W			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
8811 SW 132 STREET			-				
MIAMI FL 33176			83		·		
			84	City	F	85 Zip C	ode
			نــــــــــــــــــــــــــــــــــــــ	L			rogistored
l office or re	adictored agent, or both, in the State	of Florida, Such change was auti	orizea dv	the corporation	oration submits this statement for the purpose n's board of directors. I hereby accept the app	ointment as reç	gistered
agent. I ar	n familiar with and accept the obliga	ations of, Section 607.0505, Florid	a Statutes		: _1	~ ^	
SIGNATURE	V Cather L 1	well Vi	ce Pri	esi deut it signature required	311013	<u> 19</u>	
	Signature, typed or printed hame of registered age	ND DIRECTORS	13.	it signature required	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	D	□ DELETE	1.1 TITLE		7.5571101010101010101010101010101010101010	☐ Change	☐ Addition
NAME	·		1.2 NAME				
STREET ADDRESS	0044 OWI 400 OT		1,3 STREET	ADDRESS			Ì
CITY-ST-ZIP			1.4 CITY-S				
TITLE			2.1 TITLE			☐ Change	☐ Addition
NAME	T		2.2 NAME	1	•		ļ
STREET ADDRESS			2.3 STREET	ADDRESS	,		
CITY-ST-ZIP			2. 4 CfTY-S	ST-ZIP			
TITLE			3.1 TITLE		_ <del></del>	☐ Change	Addition
NAME	3.21		3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP			3,4. CITY-S	1			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	5.1 TITLE		:	Change	☐ Addition
NAME			5.2 NAME				•
STREET ADDRESS			5.3 STREET	T ADDRESS			
CITY-ST-ZIP			5,4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	☐ Addition }
NAME			6.2 NAME				ĺ
STREET ADDRESS			6.3 STREET	TADDRESS			}

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 607, 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.

6.4 CITY-ST-ZIP

SIGNATURE: 1

KATHRYN K. PENNEY