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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F96000006784 (0)

CHEETAH ADVANCED TECHNOLOGIES, INC.

Principal Place of Business

SIGNATURE:

Mailing Address

375 E. HORSETOOTH RD. 3-100 FT. COLLINS CO 90525-3155

375 E. HORSETOOTH RD. 3-100 FT. COLLINS CO 80525-3155

FILED Jan 23 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/26/1996

2. Principal Pl	lace of Business	2a. Mailing Addres				4. FEI Number	A	Applied For
21 155 6	. BOARDWALK DR. 26 155 E. BOARDWA				IALK DI	ଥ 84-1350302	N	lot Applicable
	Suite, Apt. #, etc.					5. Certificate of Status Desired	+	Additional Required
City & State	X	City & State	,			6. Election Campaign Financing	\$5.00	May Be
	OLLINS, CO	28 FT. CO.			<u>Co</u>	Trust Fund Contribution	Added	to Fees
zip 24 805	25 Country USA	zip 8052	5 30	ountry 11	SA	 This corporation owes or has paid the of Personal Property Tax due June 30. 		ntangible No
g. Name and Address of Current Registered Agent						10. Name and Address of New Registere	d Agent	
C T CORPORATION SYSTEM				81	Name			
1200 SOUTH PINE ISLAND ROAD				82	Street Addr	ess (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324				direct Address (1.15. Box Hamber 15.14t Addeptable)				
				83				
				84	City		. 85 Zip	Code
				64	City	F	L °3 21p	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.								
SIGNATURE								
Signature, typed or printed name of registered agent and little if applicable (NOTE, Registered Agent signature required when reinstating) DATE ONTE								
12.	OFFICERS AND		13			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD	☐ DELE		TITLE	1		L Change	L_ Addition
NAME	MEAD, SCOTT N			NAME				1
STREET ADORESS	DARRIED 1887 00000			STREET	ADDRESS			
CITY-ST-ZIP				CITY-S	T-ZIP			
TITLE	VD			TITLE	·		Change	Addition
NAME	BENNETT, DAVID		2.21	NAME				
STREET ADORESS				STREET	ADDRESS			1
CITY - ST - ZIP				CITY-S	ST- ZIP			
TITLE	ST	☐ DELE	2 -	TITLE	1		Change	L Addition
NAME	MEAD, JESSICA		3,21	NAME				
STREET ADDRESS	254 UPPER PRAIRIE DOG RD.		3.3	STREET	ADDRESS			
CITY-ST-ZIP	BANNER WY 82832			CITY-S	T-ZIP			
TITLE	D	☐ DELE		TITLE			Change	Addition
NAME	MEAD, CHARLES J		1	NAME				
STREET ADDRESS	900 HIGHWAY 165		4,3 5	STREET	ADDRESS			
CITY - ST - ZIP	PLACITAS NM 87043			CITY-S	T-ZIP			
TITLE		☐ DELE	• • • • • • • • • • • • • • • • • • • •	TITLE			L Change	Addition
NAME				NAME	Ì			i
STREET ADDRESS			5.3	STREET	ADDRESS			
CITY-ST-ZIP				CITY-S	T-ZIP		——————————————————————————————————————	
TITLE .		DELE		TITLE				Addition
NAME				NAME				ļ
STREET ADDRESS			6.3	STREET	ADDRESS			į
CITY - ST - ZIP		11 60		CITY-S				
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 of trustee empayment to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in								