

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 06, 1999 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

02-06-1999 90027 037 *****61.25

DOCUMENT # F98000002485

1. Corporation Name
THE CHEER FOUNDATION, INC.

Principal Place of Business: 90-18 153RD AVENUE HOWARD BEACH NY 11414
 Mailing Address: 90-18 153RD AVENUE HOWARD BEACH NY 11414



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/01/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				11-3184295	
22		27		Applied For	
City & State		City & State		Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/>	
Zip		Zip		\$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution <input type="checkbox"/>	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C.T. CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTCD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENKES, HOWARD	1.2 NAME	
STREET ADDRESS	90-18 153RD AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOWARD BEACH NY	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BILDNER, LESLIE	2.2 NAME	
STREET ADDRESS	1153 EAST 73RD STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKLYN NY	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEAL, LOUIS	3.2 NAME	
STREET ADDRESS	134-25 FRANKLIN AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FLUSHING NY	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HICKLEN, ELLEN	4.2 NAME	
STREET ADDRESS	84-09 155TH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOWARD BEACH NY	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLASIO, CHARLES D	5.2 NAME	
STREET ADDRESS	88-29 155TH AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOWARD BEACH NY	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUFAULT, JANICE	6.2 NAME	
STREET ADDRESS	17 EAGLE DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LIBERTY NY	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 REQUIRED _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)