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FILED

Feb 07 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # H43279

(9)

1. Corporation Name

CINDY LOU FLEET, INC.

Principal Place of Business

720 SCALLOP DRIVE  
727 SCALLOP DRIVE  
CAPE CANAVERAL FL 32920

Mailing Address

720 SCALLOP DRIVE  
727 SCALLOP DRIVE  
CAPE CANAVERAL FL 32920-4507

3. Date Incorporated or Qualified  
02/12/1985

3a. Date of Last Report  
05/01/1996

4. FEI Number  
59-2498032

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCOTT, ALLEN C.D., II  
727 SCALLOP DR.  
235 ANDROS AVE., COCOA BCH., FL 32921  
CAPE CANAVERAL FL 32920

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 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 title if applicable

(NOTE: Registered Agent signature required when re-nesting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~ASST.~~ ☒ DELETE

NAME ~~SCOTT, ALLEN C.~~  
STREET ADDRESS ~~727 SCALLOP DR.~~  
CITY-ST-ZIP ~~CAPE CANAVERAL FL~~

1.1 TITLE ☐ Change ☐ Addition

TITLE ~~PD~~ ☐ DELETE

NAME ~~ROSEN, JONATHAN P~~  
STREET ADDRESS ~~302 FIFTH AVE.~~  
CITY-ST-ZIP ~~NEW YORK NY~~

2.1 TITLE DIRECTOR ☒ Change ☐ Addition

TITLE ~~VPD~~ ☐ DELETE

NAME ~~NIMKOFF, ROBERT~~  
STREET ADDRESS ~~302 FIFTH AVE.~~  
CITY-ST-ZIP ~~NEW YORK NY~~

3.1 TITLE ☐ Change ☐ Addition

TITLE ~~T/S/O~~ ☐ DELETE

NAME ~~BERGMAN, HARRY~~  
STREET ADDRESS ~~302 FIFTH AVE.~~  
CITY-ST-ZIP ~~NEW YORK NY~~

4.1 TITLE SECRETARY/TREASURER/DIRECTOR ☒ Change ☐ Addition

TITLE ~~SBT~~ ☐ DELETE

NAME ~~STUMBRIS, ARLENE M~~  
STREET ADDRESS ~~5728 FLINT ROAD~~  
CITY-ST-ZIP ~~COCOA FL~~

5.1 TITLE ASST. SECRETARY ☒ Change ☐ Addition

TITLE ~~P/O~~ ☐ DELETE

NAME ~~NORMAN WALPER~~  
STREET ADDRESS ~~302 FIFTH AVE.~~  
CITY-ST-ZIP ~~NEW YORK NY~~

6.1 TITLE ☐ Change ☒ Addition

14. I do 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.

SIGNATURE: Arlene M. Stumbris ARLENE M. STUMBRIS 2/3/97 407-799-2860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)