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

PROFIT CORPORATION ANNUAL REPORT

1999



Secretary of State DIVISION OF CORPORATIONS

## FILED FLORIDA DEPARTMENT OF STATE Mar 10, 1999 8:00 am Katherine Harris **Secretary of State**

03-10-1999 90182 002 \*\*\*150.00

**DOCUMENT # K02353** 3 CHEERS OF ORMOND BEACH, INC. Mailing Address Principal Place of Business 203 EAST GRANADA BLVD. 203 EAST GRANADA BLVD. ORMOND BEACH FL 32176-6632 ORMOND BEACH FL 32176-6632 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed <u>11/17/19</u>87 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 59-2858736 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired П Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Added to Fees Trust Fund Contribution 23 28 Zip Country Intangible Zip Country 8. This corporation owes the current year Yes □No 29 30 Personal Property Tax. 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 BECKTOLD, JOHN R. Street Address (P.O. Box Number is Not Acceptable) 203 E. GRANADA BLVD. ORMOND BCH 32074 83 Zip Code 84 City Statutes, the above-named corporation submits this statement for the purpose of changing its registered vas authorized by the corporation's board of directors. I hereby accept the appointment as registered 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, F office or registered agent, or both, in the State of Florida. Such agent, I am familiar with, and accept the obligations of, Section 6 Florida Statutes SIGNATURE OTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ Addition 1.1 TITLE TITLE 1.2 NAME BECHTOLD, JOHN NAME 1.3 STREET ADDRESS 203 E. GRANADA BLVD. STREET ADDRESS ORMOND BEACH FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change\_ DELETE 31 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change Change DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE 6.1 TITLE ☐ Change TITLE 6.2 NAME NAMÉ 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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.

SIGNATURE:

CR2E034 (11/98)