


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

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Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90097 016 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M50796					
1. Corporation Name CHERYL INC.					
Principal Place of Business 1875 SW 4TH AVENUE C-6 DELRAY BEACH FL 33444 US			Mailing Address 1875 SW 4TH AVENUE C-6 DELRAY BEACH FL 33444 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/22/1987	
21		26		4. FEI Number 65-0002045	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		Trust Fund Contribution <input type="checkbox"/>	
Zip		Zip		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24		29		30	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
MOYLE, BERNARD T. ONE FINANCIAL PLAZA 1600 FT. LAUDERDALE FL 33394-1697			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME DCST MOYLE, BERNARD T.			1.2 NAME		
STREET ADDRESS 1 FINANCIAL PLAZA, SUITE 1600			1.3 STREET ADDRESS		
CITY-ST-ZIP FT. LAUDERDALE FL			1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME DCEO GREER, BARRY			2.2 NAME		
STREET ADDRESS 1875 SW 4TH AVENUE C-6			2.3 STREET ADDRESS		
CITY-ST-ZIP DELRAY BEACH FL			2.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034-11981