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Jul 16 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N97000003199 (3)

1. Corporation Name

TEEN SPIRIT USA, INC.

Principal Place of Business

Mailing Address

THE SUMMIT AT IOT CENTER
13575 58TH ST., NORTH, SUITE 125
CLEARWATER FL 34620

C/O ENGLANDER & FISCHER, P.A.
5959 CENTRAL AVENUE, SUITE 201
ST. PETERSBURG FL 33710

3. Date Incorporated or Qualified

06/02/1997

4. FEI Number

59-3454381

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 John G Chaloux
Suite, Apt. #, etc.

26 1838 Bough Ave
Suite, Apt. #, etc.

22 APT - B
City & State

27 APT B
City & State

23 Clearwater, FL.
Zip Country

28 Clearwater, FL.
Zip Country

24 33760
25 Honduras

29 33760
30 Honduras

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ENGLANDER & FISCHER, P.A.
5959 CENTRAL AVENUE
SUITE 201
ST. PETERSBURG FL 33710

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME John Gerard Chaloux

1.3 STREET ADDRESS 12693 Oak Street

1.4 CITY-ST-ZIP Largo, FL 33774

2.1 TITLE VD ☐ Change ☐ Addition

2.2 NAME Jason Chaloux

2.3 STREET ADDRESS 275 Terrace Drive

2.4 CITY-ST-ZIP Northfield, VA 05663

3.1 TITLE SD ☐ Change ☐ Addition

3.2 NAME Sherry Crelin

3.3 STREET ADDRESS 695 Pinehurst Drive

3.4 CITY-ST-ZIP Dunedin, FL 34608

4.1 TITLE TD ☐ Change ☐ Addition

4.2 NAME Carol Lambert

4.3 STREET ADDRESS 3055 Kapok Kove Drive

4.4 CITY-ST-ZIP Clearwater, FL 34619

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE [Signature] FEI C [Signature] 06/16/98 13-535-4982

CP2E037 (10/97)