

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED
AND
FILED

99 JUL 12 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N98000004106

1. Corporation Name

S.W. FLORIDA ALL-STAR CHEERLEADERS, INC.

Principal Place of Business

866 CARPENTER STREET, E
LEHIGH ACRES FL 33936

Mailing Address

POST OFFICE BOX 50023
FT. MYERS FL 33994-0023



05-06-99 90095 046 \$61.25

| | | | | | |
|--------------------------------|-----------------|---------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | 4202 SE 2nd Ave | 26 | | 07/13/1998 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| | | | | 65-0875856 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | |
| Cape Coral, FL | | | | \$8.75 Additional Fee Required | |
| Zip | | Zip | | 6. Election Campaign Financing | |
| 33904 | | | | Trust Fund Contribution <input type="checkbox"/> | |
| Country | | Country | | \$5.00 May Be Added to Fees | |
| USA | | | | | |

9. Name and Address of Current Registered Agent

GLATZ, CONNIE
866 CARPENTER STREET, E
LEHIGH ACRES FL 33936

10. Name and Address of New Registered Agent

| | | |
|----|--|-----------------|
| 81 | Name | Connie Glatz |
| 82 | Street Address (P.O. Box Number is Not Applicable) | 4204 SE 2nd Ave |
| 83 | | |
| 84 | City | Cape Coral FL |
| 85 | Zip Code | 33904 |

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | Tanya Glatz - President <input checked="" type="checkbox"/> DELETE | 11 TITLE | President - <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Tanya Glatz | 12 NAME | Connie Glatz |
| STREET ADDRESS | 4204 SE 2nd Ave | 13 STREET ADDRESS | PO BOX 50023 |
| CITY-ST-ZIP | Cape Coral, FL 33904 | 14 CITY-ST-ZIP | Ft Myers, FL 33994-0023 |
| TITLE | Connie Glatz - Vice Pres <input checked="" type="checkbox"/> DELETE | 21 TITLE | Vice President - <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Connie Glatz | 22 NAME | Marybeth Lewis |
| STREET ADDRESS | 4204 SE 2nd Ave | 23 STREET ADDRESS | 1738 SE 29th Ln. |
| CITY-ST-ZIP | Cape Coral, FL 33904 | 24 CITY-ST-ZIP | Cape Coral, FL 33904 |
| TITLE | Secretary <input checked="" type="checkbox"/> DELETE | 31 TITLE | Secretary - <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Christine Rosenblum | 32 NAME | Rhonda Briggs |
| STREET ADDRESS | 866 Carpenter St. | 33 STREET ADDRESS | 16970 Laurelln Ct |
| CITY-ST-ZIP | Lehigh, FL 33936 | 34 CITY-ST-ZIP | N. Ft Myers, FL 33917 |
| TITLE | Treasurer <input checked="" type="checkbox"/> DELETE | 41 TITLE | Treasurer - <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Mille Rosenblum | 42 NAME | Laura Hamlin |
| STREET ADDRESS | 866 Carpenter St. E. | 43 STREET ADDRESS | 144 SE 17 Terr. |
| CITY-ST-ZIP | Lehigh, FL 33936 | 44 CITY-ST-ZIP | Cape Coral, FL 33990 |
| TITLE | <input type="checkbox"/> DELETE | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-99 941-369-5881

CR2E037 (5/99)