SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1997 **DIVISION OF CORPORATIONS** DOCUMENT # P33517 SECRETARY OF STATE TALLAHASSEE FLORIDA (4)CHERRYTREE HOLDINGS, INC. Principal Place of Business Mailing Address 2524 N. TAMIAMI TRAIL 2524 N. TAMIAMI TRAIL SARASOTA FL 34234 SARASOTA FL 34234 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 02/22/1991 03/06/1996 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 21 26 58-1925245 Sulte, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 П 28 Trust Fund Contribution Added to Fees Zip Country ZipCountry 8. This corporation owes or has paid the current year intangible 24 □ No 25 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MARTINI, C.J. 2524 N. TAMIAMI TRAIL 82 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34234 83 City 84 85 Zip Code 11. Pursuant to the provisions of Soctions 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 reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE ☐ Change ☐ Addition ELSBREE, K. 300002258123--2 NAME 1.2 NAME -08/05/97--01064--003 STREET ADDRESS 4286 COLUMNS DR. 1.3 STREET ADDRESS ****165.00 <u>Marietta ga</u> ****165.00 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE Change 2.1 TITLE NAME MARTINI, C.J. 2.2 NAME STREET ADDRESS 2524 N. TAMIAMI TRAIL 2.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. City - St - ZiP DELETE TITLE 41 TITLE ☐ Change Addition NAME 4 2 NAME STREE! ADDRESS 4.3 STREET ADDRESS CITY ST.ZIP 44 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-2IF 5.4 CITY - ST - ZIP TITLE ☐ DELETÉ Change Addition 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 upon a man 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 new appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CITY-ST-ZIP

CR2E034

De: 1997 Filing for Annual Report

Dear Sir,
On Theory, 7/17, & received the annual
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re to anylete the for o send a cled for 165. She
also said to evelve a letter stating that I
were received any other volice.

Harb pur for your assessment

Bagarda 3-arli C. J. MARTINI 941-366-7511