PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9200000921 1. Corporation Name

CHERRY TREE ENTERPRISES, INC

							BANN BAND N	
Principal Place of Business Mailing Address								•
6845 CYPRESS COVE CIR PO BOX 8136								
JUPITER FL 33458		JUPITER FL 33458				DO NOT WRITE IN THIS SPACE.		
US		U\$				3. Date Incorporated or Qualifed	SPACE.	
						10/30/1992		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Applied For
21		26				65-0365513		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
22		27				5. Certificate di Status Desireo	Fee	Required
City & State		City & State				6. Election Campaign Financing	\$5.0	0 May Be
23		28				Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zip	Countr	гу		8. This corporation owes the current year Int	tangible	
24	25	29 3	0			Personal Property Tax.	☐Yes	□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered	Agent	
MUNNS, LISA			8		Name 			
6845	CYPRESS COVE CIR		8:	2 3	Street Addres	ss (P.O. Box Number is Not Acceptable)		
JUPITER FL 33458			8	3				
			8-	4 (City	FL	85 Zi	p Code
44 Purcuant	to the provisions of Sections 607 0502	and 607 1508. Florida Statutes	the abo	Ve-n	named corpor	ration submits this statement for the purpose of	changing	its registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	: Florida, Such change was auti	попиес о	iv the	e corporation	's board of directors. I hereby accept the appoint	intment as	registered
SIGNATURE								
	Signature, typed or printed name of registered agent		<u> </u>	ent si	ignature required v		15 51550	TODO IN 40
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS A	T] Chanc	
TITLE	P	☐ DELETE	1.1 TITLE		Ì	•	[_] Criang	le C'Addiaon
NAME	MUNNS, LISA M.		1.2 NAME	Ę				
STREET ADDRESS	6845 CYPRESS COVE CIRCLE		1.3 STRE	ETAC	DDRESS	•		į
CITY-ST-ZIP	JUPITER FL 33458		1.4 CITY-	ST-Z	ZIP		F7.01	
TITLE	VP	☐ DELETE	2.1 TITLE	i		•	Chang	e 🗌 Addition
NAME	MUNNS, MICHAEL E.		2.2 NAME	Ę		•		
STREET ADDRESS	6845 CYPRESS COVE CIRCLE		2.3 STRE	ETAL	DORESS			
CITY-ST-ZIP	JUPITER FL 33458		2. 4 CITY	-ST-2	ZIP	<u> </u>		
TITLE		☐ DELETE	31 TITLE	_			_ Chang	je 🔲 Addition
NAME			3.2 NAME	E	-			
STREET ADDRESS			3.3 STRE	ETA	DDRESS			
CITY-ST-ZIP			3.4. CITY					
TITLE		☐ DELETE	4.1 TITLE				Chang	e Addition
NAME		_	4. 2 NAM		İ			
			4.3 STRE		DDRESS			
STREET ADDRESS			4.4 CITY-					
CITY-ST-ZIP		☐ DELETE	5.1 TITLE		-		Chang	je Addition
TITLE		C) 255515	5.2 NAME					
NAME			5.3 STRE		DORESS	· · ·		
STREET ADDRESS			5.4 CITY-					
CITY-ST-ZIP		□ DELETE	6.1 TITLE	_	CIF		Chang	ge
TITLE		☐ DELETE			ĺ	•		yo <u>ii</u> Mudiildii
NAME			6.2 NAME					
STREET ADDRESS			6.3 STRE					
CITY-ST-ZIP			6.4 CITY-	-ST-Z	ZIP Į			

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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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:

Mar 06, 1999 8:00 am Secretary of State

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