Feb 27, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000043101

1. Corporation Name

SPACE COAST CHEERLEADER TRAINING CENTER, INC.

Principal Place of Business 720 MULLET POAD BAY J CAPE CANAVERAL FL 32920	Mailing Address 508 HIDDEN HOLLOW DRIVE BAY J MERRITT ISLAND FL 32952 US	Ĭ.	DO NOT WRITE 3. Date Incorporated or Qualifed	IN THIS SPACE	
2. Principal Place of Business	2a. Mailing Address		06/14/1993 4. FEI Number	App	plied For
21	26		59-3185264		t Applicable
Suite, Apt. #, etc. 22 3390 N. Courtovay Pky.	Suite, Apt. #, etc.	····	5. Certifcate of Status Desired [\$8.75 A Fee Rec	quired
City & State 23 MEMUTT ISLAND FL	City & State	-	6. Election Campaign Financing Trust Fund Contribution	\$5.00 i	•
Zip Country 24 32-953 25 USA	Zip 3	Country	This corporation owes the current Personal Property Tax.	Yes	□No
9. Name and Address of Curren	it Registered Agent		10. Name and Address of New Reg	istered Agent	
LAWCON DEBODALLE		81 Name			
LAWSON, DEBORAH S 720 MULLET ROAD		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
BAY J		83			
CAPE CANAVERAL FL 32920		04 Cit.		85 Zip C	ode
		84 City		FL 85 Zip C	oude
11. Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State	of Florida. Such change was auti	horized by the corporatio	oration submits this statement for the pu in's board of directors. I hereby accept the	rpose of changing its in appointment as reg	registered jistered
agent. I am familiar with, and accept the obligation	uons or, decuen our out of the	ia Giatatos.			
SIGNATURE		egistered Agent signature required	t when reinstating)	DATE	
SIGNATURE Signature, typed or printed name of registered ager			when reinstating) ADDITIONS/CHANGES TO OFFICE		
SIGNATURE Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: R	egistered Agent signature required	· · · · · · · · · · · · · · · · · · ·		RS IN 12
SIGNATURE Signature, typed of printed name of registered ager 12. OFFICERS AN TITLE OP LAWSON, DEBORAH S	nt and tit e if applicable. (NOTE: R	egistered Agent signature required	· · · · · · · · · · · · · · · · · · ·	ERS AND DIRECTOR	
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14. I hereby certify that the information supplied with this liling 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 it 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 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP