

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P94000013310 (5)**

1. Corporation Name
CHERYL LYNN II INC.

Principal Place of Business: **10711 LONDON ST. COOPER CITY FL 33026**
Mailing Address: **10711 LONDON ST. COOPER CITY FL 33026**

DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Qualification: **02/17/1994**
3a. Date of Last Report: _____
4. FEIN Number: **65-0476790**
Applied For: Not Applicable:
5. Certificate of Status Deemed: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: _____
2a. Mailing Address: _____
21. State, Apt. #, etc.: _____
26. State, Apt. #, etc.: _____
22. City & State: _____
27. City & State: _____
23. Zip: _____ Country: _____
28. Zip: _____ Country: _____
24. _____ 25. _____ 29. _____ 30. _____

9. Name and Address of Current Registered Agent

**SINGLEY, ARTHUR B III
10711 LONDON ST.
COOPER CITY FL 33026**

81. Name: _____
82. Street Address (P.O. Box Number is Not Applicable): _____
83. _____
84. City: _____
85. Zip Code: **FL**

10. Name and Address of New Registered Agent

11. I warrant to the provisions of Sections 607.0503 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: _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SINGLEY, CHERYL LYNN
STREET ADDRESS	10711 LONDON ST.
CITY, ST, ZIP	COOPER CITY FL 33026
TITLE	D
NAME	SINGLEY, ARTHUR B III
STREET ADDRESS	10711 LONDON ST.
CITY, ST, ZIP	COOPER CITY FL 33026
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY, ST, ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY, ST, ZIP	

600001845486
-05/31/96--01020--010
*****225.00**

ce 5/30/96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.04(3)(a), 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 817, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Arthur B Singley III* **Arthur B Singley III** **5/19/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
954-925-8022