PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000017707

1. Corporation Name

CHEERAMERICA, INC.

Principal Place of Business

Mailing Address

FILED Feb 24, 1999 8:00 am **Secretary of State**

02-24-1999 90061 015 ***150.00



873 COPPERFIELD TERRACE 1015 E SEMORAN BLVD CASSELBERRY FL 32707 **SUITE 213** DO NOT WRITE IN THIS SPACE CASSELBERRY FL 32707 3. Date Incorporated or Qualifed 03/07/1994 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 207 N. Moss Road 1002 Windingwaters Circle 59-3227091 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 103 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing Γ Springs, Added to Fees Winter Winter Trust Fund Contribution 23 Sprina Country This corporation owes the current year Intangible USA ☐ Yes USA Personal Property Tax. 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BAGWELL, JESSE G JR. 82 Street Address (P.O. Box Number is Not Acceptable) 8842 LAKE IRMA POINT ORLANDO FL 32817 83 Zip Code 84 City 11. Pursuant to the provisions of Sections 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) CR2E034 (11/98 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. ☐ Addition Change DELETE 1.1 TITLE TITLE Bagwell, Holly L 1002 Winding Waters Circle Winter Springs. FL 32708 BAGWELL, HOLLY L 12 NAME NAME 873 COPPERFIELD TERRACE 1.3 STREET ADDRESS STREET ADDRESS CASSELBERRY FL 32707 1.4 CITY-ST-ZIF CITY-ST-ZIF Addition Baquell, Jesse G 111 □ D€LETE 2.1 TITLE TITLE BAGWELL, JESSE G III 2.2 NAME 1002 Winding Waters Circle Winter Springs, FL 32708 NAME 873 COPPERFIELD TERRACE 2.3 STREET ADDRESS STREET ADDRESS CASSELBERRY FL 32707 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ DELETE TITLE 3.1 TITLE BAGWELL, JESSE G JR. 3.2 NAME NAME 3.3 STREET ADDRESS 8842 LAKE IRMA POINT STREET ADDRESS ORLANDO FL 32817 3.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ D€LETE 4.1 TITLE TITLE 4. 2 NAME SPANGLER, D. P. NAME 1931 LOCHBERRY RD 4.3 STREET ADDRESS STREET ADDRESS 4.5 WINTER PARK FL 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY-ST-ZIP Addition 6.1 TITLE ☐ Change DELETE TITLE

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 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.

6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZiP