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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Apr 22 1997 8:00am  
Secretary of State

DOCUMENT # P94000070039 (0)

1. Corporation Name

CHEER 1, CHEERLEADER TRAINING CENTER, INC.



Principal Place of Business

Mailing Address

5971 POWERS AVENUE  
SUITE #1  
JACKSONVILLE FL 32217  
US

4215 SOUTHPOINT BLVD.  
SUITE 100  
JACKSONVILLE FL 32216-0999

2. Principal Place of Business

2a. Mailing Address

21 6005 POWERS AVE

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 206

27

City & State

City & State

23 JACKSONVILLE, FL

28

Zip

Country

Zip

Country

24 32217-2211

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DUVAL

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHNEIDER, MICHAEL N  
4215 SOUTHPOINT BLVD.  
JACKSONVILLE FL 32216

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PSAT ☐ DELETE  
NAME MILLER, MICHAEL  
STREET ADDRESS 5971 POWERS AVE., SUITE 1  
CITY-STATE-ZIP JACKSONVILLE FL 32207

1.1 TITLE PSAT ☒ Change ☐ Addition  
1.2 NAME MILLER, MICHAEL  
1.3 STREET ADDRESS 6005 POWERS AVE, SUITE 206  
1.4 CITY-STATE-ZIP JACKSONVILLE, FL 32217-2211

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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 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.

SIGNATURE:

*Michael Miller* REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
MICHAEL N. MILLER, PRESIDENT

Date

Daytime Phone

CR2E034 (9/96)