

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 22, 1999 8:00 am**  
**Secretary of State**

07-22-1999 90013 049 \*\*\*150.00

DOCUMENT # **P94000070039** ✓

1. Corporation Name

**CHEER 1, CHEERLEADER TRAINING CENTER, INC.**

Principal Place of Business

**6005 POWERS AVE  
206  
JACKSONVILLE FL 32217  
US**

Mailing Address

**4215 SOUTHPOINT BLVD.  
SUITE 100  
JACKSONVILLE FL 32216**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/22/1994**

4. FEI Number

**59-3270752**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**23** City & State

**24** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**28** City & State

**29** Zip

**30** Country

9. Name and Address of Current Registered Agent

**SCHNEIDER, MICHAEL N  
4215 SOUTHPOINT BLVD.  
JACKSONVILLE FL 32216**

10. Name and Address of New Registered Agent

**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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPST** ☐ DELETE  
NAME **MILLER, MICHAEL**  
STREET ADDRESS **6005 POWERS AVE, SUITE 206**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE **PASAT** ☐ Change ☒ Addition  
2.2 NAME **JAMES W. DUQUID**  
2.3 STREET ADDRESS **12624 BENT BAY TRAIL**  
2.4 CITY-ST-ZIP **JACKSONVILLE, FL 32224**

3.1 TITLE **DPST** ☐ Change ☒ Addition  
3.2 NAME **JENNIFER DUQUID**  
3.3 STREET ADDRESS **12624 BENT BAY TRAIL**  
3.4 CITY-ST-ZIP **JACKSONVILLE, FL 32224**

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE:

*SIGNATURE REQUIRED*

7-14-99

CR2E034 (5/99)

593843-90013-49  
P94000070039

**ANSBACHER & SCHNEIDER, P. A.**

ATTORNEYS AT LAW  
SUITE 100, NATIONAL FINANCIAL BUILDING  
4215 SOUTHPOINT BOULEVARD  
JACKSONVILLE, FLORIDA 32216

LEWIS ANSBACHER  
MICHAEL N. SCHNEIDER  
LAWRENCE V. ANSBACHER

TELEPHONE (904) 296-0100  
FACSIMILE (904) 296-2842  
WRITER'S INTERNET ADDRESS:  
MICHAEL.SCHNEIDER@JAXLAW.COM  
WRITER'S DIRECT LINE  
(904) 296-0637 x3002

July 15, 1999

The Honorable Katherine Harris  
Secretary of State  
Division of Corporations  
P.O. Box 5588  
Tallahassee, Florida 32314

Re: Cheer 1, Cheerleader Training Center, Inc. (the "Corporation")

Dear Secretary Harris:

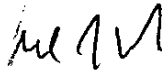
I enclose herewith the following:

1. Profit Corporation Annual Report for 1999 for Cheer 1, Cheerleader Training Center, Inc.; and
2. Check in the amount of \$150.00.

Please be advised that this annual report is filed together with the sum of \$150.00 representing the filing fee if made prior to May 1, 1999. I hereby request that you accept this sum as proper to file the Corporation Annual Report for the Corporation. It appears that the annual report was never received by the registered agent or any officer of the corporation and therefore could not be filed timely.

Very truly yours,

Ansbacher & Schneider, P.A.



Michael N. Schneider

MNS/lt  
Enclosures (2)  
94-0743.22