

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000073093 (4)**

1. Corporation Name

CHEER MAGIC, INC.



Principal Place of Business

**279 TIGER LILY CT
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**279 TIGER LILY CT
ALTAMONTE SPRINGS FL 32714**

3. Date Incorporated or Qualified
10/03/1994

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-3273961

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**VIERSSEN, SHERRY
279 TIGER LILY CT
ALTAMONTE SPRINGS FL 32714**

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 state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D
VIERSSEN, SHERRY**
STREET ADDRESS **279 TIGER LILY CT**
CITY- ST- ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☐ DELETE

NAME **D
LOCKE, DAVID H**
STREET ADDRESS **810 MIMOSA DR**
CITY- ST- ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☐ DELETE

NAME **D
LOCKE, BOBBY R**
STREET ADDRESS **618 ORCHID LN**
CITY- ST- ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☐ DELETE

NAME **D
LOCKE, E. DAVID**
STREET ADDRESS **414 RIVERBEND RD**
CITY- ST- ZIP **SHELBYVILLE TN 37160**

TITLE ☐ DELETE

NAME **D
MACLEAY, MICHAEL**
STREET ADDRESS **2100 SILVER LEAF CT**
CITY- ST- ZIP **LONGWOOD FL 32779**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHERRY VIERSSEN 1-25-96 279-7627
407
x268

Date

Daytime Phone

CR2E034 (12/95)