


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/03/1994		3a. Date of Last Report 02/05/1996	
4. FEI Number 59-3273961		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business 21 1070 RAINER Dr. Suite, Apt. #, etc. 22 A City & State 23 Altamonte Springs FL Zip 24 32714	2a. Mailing Address 25 1070 Rainer Dr. Suite, Apt. #, etc. 27 A City & State 28 Altamonte Springs FL Zip 29 32714 Country 30 Seminole
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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name David Hamilton Locke
82 Street Address (P.O. Box Number is Not Acceptable) 659 Jamestown Blvd. # 2092
83
84 City Altamonte Springs FL
85 Zip Code 32714

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 of officer or director (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

09/02/97

12. OFFICERS AND DIRECTORS

TITLE D	<input checked="" type="checkbox"/> DELETE
NAME VIERSEN, SHERRY	
STREET ADDRESS 279 TIGER LILY CT	
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714	
TITLE D	<input type="checkbox"/> DELETE
NAME LOCKE, DAVID H	
STREET ADDRESS 810 MIMOSA DR	
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714	
TITLE D	<input type="checkbox"/> DELETE
NAME LOCKE, BOBBY R	
STREET ADDRESS 618 ORCHID LN	
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714	
TITLE D	<input type="checkbox"/> DELETE
NAME LOCKE, E. DAVID	
STREET ADDRESS 414 RIVERBEND RD	
CITY-ST-ZIP SHELBYVILLE TN 37180	
TITLE D	<input type="checkbox"/> DELETE
NAME MACLEAY, MICHAEL	
STREET ADDRESS 2100 SILVER LEAF CT	
CITY-ST-ZIP LONGWOOD FL 32779	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME President	
2.3 STREET ADDRESS DAVID LOCKE, H	
2.4 CITY-ST-ZIP 659 Jamestown Blvd. # 2092	
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	
3.3 STREET ADDRESS Altamonte Springs, FL 32714	
3.4 CITY-ST-ZIP	
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 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:

DAVID H. LOCKE, President

09/02/97 407889-4192

CR2E034 (4/97)