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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000089827 (7)

1. Corporation Name
CHEERS WATERFRONT, INC.



Principal Place of Business
530 N. PALMETTO AVENUE
SANFORD FL 32771

Mailing Address
530 N. PALMETTO AVENUE
SANFORD FL 32771-1354

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
12/12/1994

3a. Date of Last Report
01/13/1997

4. FEI Number
59-3299326

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

TODD, DAVID W
545 PORTLAND CR.
APOPKA FL 32703

10. Name and Address of New Registered Agent

81 Name

OBRIAN P. NORRIS

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

7651 SUGAR BEND DRIVE

83

84 City

ORLANDO

FL

85 Zip Code
32819

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

3-10-97

12. OFFICERS AND DIRECTORS

TITLE PD
NAME TODD, DAVID W
STREET ADDRESS 545 PORTLAND CR.
CITY-ST-ZIP APOPKA FL 32703

TITLE DV
NAME WOLF, FRANK E
STREET ADDRESS 525 VIA VERONA LANE #206
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT / DIRECTOR
1.2 NAME THOMAS A. TITZER
1.3 STREET ADDRESS 1549 WATERWITCH DRIVE
1.4 CITY-ST-ZIP ORLANDO, FL 32806

2.1 TITLE V.P. / DIRECTOR
2.2 NAME OBRIAN P. NORRIS
2.3 STREET ADDRESS 7651 SUGAR BEND DRIVE
2.4 CITY-ST-ZIP ORLANDO, FL 32819

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

6.1 TITLE
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:

OBRIAN P. NORRIS

3-10-97

(407)
849-0990

CR2E034 (9/96)