

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Norman
Secretary of State
CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 2:50

DOCUMENT # P94000093900 (6)

1. Corporation Name
CHEERS WORLD, INC.

Principal Place of Business Mailing Address
**3498 POLYNESIAN ISLE BLVD
KISSIMMEE FL 34746** **3498 POLYNESIAN ISLE BLVD
KISSIMMEE FL 34746**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Quoted	3a. Date of Last Report
21		26		12/23/1994	
4. FFL Number		Applied For		5. Certificate of Status Desired	
59 725 0319		Not Applicable		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Total Fund Contribution		7. This corporation has liability for intangible tax under S. 190.032, Florida Statutes		<input type="checkbox"/> \$5.00 May Be Added to Fees	
<input type="checkbox"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LEONE, JAMES R 111 W MAGNOLIA AVE SUITE 105 LONGWOOD FL 32750				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code
		FL					

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]
Signature of person in place of registered agent and the filer (if filer is not the registered agent) (signature required when amending)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
TITLE	DPST	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSWALD, BRIAN R	12 NAME	
STREET ADDRESS	3498 POLYNESIAN ISLE BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE FL 34786	14 CITY-ST-ZIP	
TITLE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(2)(b), 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 orally. That I am an officer or director of the corporation or the person or trustee empowered to execute this report as required by Chapter 197, Florida Statutes, and that my name appears in Block 12 or Block 13 of this form, or on an attached sheet with an address.

SIGNATURE: [Signature] **407 3991/31**
Signature of filer (signature required when amending)