

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90017 037 ***150.00

DOCUMENT # P95000012971

1. Corporation Name
CRICKET ACADEMY, U.S.A. INC.

Principal Place of Business
701 BLUE RIDGE WAY
DAVIE FL 33325
US

Mailing Address
701 BLUE RIDGE WAY
DAVIE FL 33325
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/15/1995

4. FEI Number

65-0594730

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DANIEL, ANAND
701 BLUE RIDGE WAY
DAVIE FL 33325

81 Name ANNA MARIA FITZWORNE AMIN

82 Street Address (P.O. Box Number is Not Acceptable)
701 BLUE RIDGE WAY

83

84 City DAVIE

85 Zip Code FL 33325

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 ANNA MARIA FITZWORNE AMIN - PRESIDENT

DATE Mar 5, 1999

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME DENNY, R
STREET ADDRESS 811 E PALM RUN DR
CITY-ST-ZIP N LAUDERDALE FL 33068

TITLE D ☒ DELETE
NAME EDUN, B
STREET ADDRESS 1741 SW 85TH AVE
CITY-ST-ZIP MIRAMAR FL 33025

TITLE D ☒ DELETE
NAME SAMUELS, P
STREET ADDRESS 1732 NW 27 AVE, STE 107
CITY-ST-ZIP MIAMI FL 33056

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE PIT/IS ☐ Change ☒ Addition
1.2 NAME ANNA MARIA FITZWORNE AMIN
1.3 STREET ADDRESS 701 BLUE RIDGE WAY
1.4 CITY-ST-ZIP DAVIE FL 33325

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 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, with all other like empowered.

SIGNATURE: ANNA MARIA FITZWORNE AMIN DATE Mar 5th 1999 DAYTIME PHONE # 954-236-6546

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

CR2E034 (11/98)

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