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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATI

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P95000050929 (5)

CHEROKEE CONSTRUCTION COMPANY OF CENTRAL FLORIDA INC.

Principal Place of Business	Principa	Place	of Business
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Mailing Address

1105 BUGARBERRY TR OVIEDO FL 32765 1105 SUGARBERRY TR OVIEDO EL 32765-6041

FILED May 05 1997 8:00am Secretary of State



OVIEDO FL 32765		OVIEDO	OVIEDO FL 32765-6041				İ						
							06/26/1995 09/27/				of Last Report		
2. Principal P	Place of Business	2a. Mailing Address					4. FEI Number				plied For		
21		26						59-3325486			No	t Applicabl	е
Suite, Apt.	#, etc.	Suite 27	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required				
City & Stat	le		& State					Election Campaign Financing Trust Fund Contribution	rz/			May Be	
Zip	Country	Zip	ZIP Country				····	4			lo Fees	\dashv	
24	25	29		30	,			8. This corporation has liability for in Florida Statutes	_1 ~ ~	tax un TNo	ider s	. 199.032,	-
9. Name and Address of Current Registered Agent							IO. Name and Address of New Re					\dashv	
EOI	INTAIN, DENNIS F ESQ.				81	Name							7
916	ORIENTA AVENUE, SUITE 5				20	0)							_
	AMONTE SPRINGS FL 32701				82	Street /	Address	(P.O. Box Number is Not Acceptab	le)				- {
AL I	AMORIE OF NINGS IL SZIOT				83		·····						ᅱ
					84	City	· · · · · · · · · · · · · · · · · · ·			85	Zip I	Code	4
					L				<u>FL</u>		•		_
11. Pursuant office or r agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligi	2 and 607.15 of Florida Si ations of, Sec	08, Florida Statul uch change was tion 607.0505, Fl	tos, the a authorize orida Sta	bove d by tutes	e-named the corp s.	d corpora rporation	rtion submits this statement for the p is board of directors. I hereby accep	urpose of at the app	chanç ointme	ging it ent as	s registered registered	1 1
SIGNATURE	Signature, typed or printed name of registered age	nt and title if apple	cable (NOI	E Registore	d Ago	nd s gnature	e required w	hon reinstating)	DATE				.
12.	OFFICERS ANI	O DIRECTOR		13.			,	ADDITIONS/CHANGES TO OFFIC	ERS AND				
TITLE	DP8		□ DÉLETE	1.1 T	iTLE					☐ CH	ange	Addilio	n {
Name	WELCH, CHARLES			1.2 N	AME								
STREET ADDRESS	1105 SUGARBERRY TR		•	1.3 S	1.3 STREET ADDRESS								- [8
CITY-ST-ZIP	OVIEDO FL 32765				1.4 CITY - ST - ZIP								[8
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NAME				55 M									
STREET ADDRESS				2.3 \$	2.3 STREET ADDRESS								
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NAME				3.2 N									
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STREET ADDRESS						ADDRESS							-
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NAME				5.2 N									
STREET ADDRESS		ļ				ADDRESS .							
CITY-ST-ZIP	1					T-21P							1
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NAME				6.2 N							-		
STREET ADDRESS						ADDRESS							
CITY-ST-ZIP				6.4 C		1	1						
	by certify that the information supplied	with this filing	ng does not quali				stated in	Section 119.07(3)(i), Florida Statutes	s. I further	certify	y that	the	\dashv

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 Brick 13 if Induged, or on an attachment with an address.

SIGNATURE:

RICELL VIEWELL

3.66-8407