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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000059366 (1)

CHEO F. ENTERPRISES, INC.

Principal Place of Business Mailing Address 7639 NW 71 WAY 7639 NW 71 WAY PARKLAND FL 33067 PARKLAND FL 33067

FILED Mar 02 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/31/1995 2. Principal Place of Business 2s. Mailing Address Applied For 4. FEI Number Not Applicable 21 26 65-0598276 Suite, Apl. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 Country Zip Country Zin This corporation owes or has paid the current year Intangible Yes □ No Personal Property Tax due June 30. 25 29 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name FLORES, JOSE 7639 NW 71 WAY Street Address (P.O. Box Number is Not Acceptable) PARKLAND FL 33067 84 City Zip Code 85 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 (NOTE Registered Agent signature required when rainslating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE ☐ Addition Change TITLE 1.1 TITLE JOSE G FLORES NAME 12 NAME 7639 NW 71 WAY STREET ADDRESS 1.3 STREET ADDRESS PARKLAND FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELF TE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition Change TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 33 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE 4.1 TITLE Change ☐ Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-7IP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY- \$1 - ZIP TITLE DELETE 61 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 eath; 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:

GORBS

2-23-98 (954346-2208

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