

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000079397 (2)

1. Corporation Name

BLOOMINGDALE JR. ALLSTARS, INC.

BLOOMINGDALE CHEER STATION, INC.

Principal Place of Business

1202 E. Bloomingdale Ave
2214 SPYGLASS HILL CIRCLE
VALRICO FL 33594

Mailing Address

1605 PALACE CT
2214 SPYGLASS HILL CIRCLE
VALRICO FL 33594



2. Principal Place of Business

21 1202 E. BLOOMINGDALE AVE

Suite, Apt. #, etc.

22

City & State

23 VALRICO, FL

Zip

24 33594

Country

25 U.S.A.

2a. Mailing Address

26 1605 PALACE CT

Suite, Apt. #, etc.

27

City & State

28 VALRICO, FL 33594

Zip

29 33594

Country

30 U.S.A.

3. Date Incorporated or Qualified

10/16/1995

3a. Date of Last Report

N/A

4. FET Number

65-0627425

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

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

81 Name

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

83

84 City

FL

85 Zip Code

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 of officer or director of corporation or registered agent (to be typed)

Signature of registered agent (to be typed)

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PRESIDENT (P)(M)

☐ Change

☒ Addition

1.2 NAME

KAY STEINESTEL

1.3 STREET ADDRESS

1605 PALACE CT

1.4 CITY-ST-ZIP

VALRICO, FL 33594

2.1 TITLE

VICE PRESIDENT, TREASURER

☐ Change

☒ Addition

2.2 NAME

DEBBIE EDWARDS (V,T)

2.3 STREET ADDRESS

1821 LAUREL OAK

2.4 CITY-ST-ZIP

VALRICO, FL 33594

3.1 TITLE

SECRETARY (S)

☐ Change

☒ Addition

3.2 NAME

TODD EDWARDS

3.3 STREET ADDRESS

1821 LAUREL OAK

3.4 CITY-ST-ZIP

VALRICO, FL 33594

4.1 TITLE

DIRECTOR (D)

☐ Change

☒ Addition

4.2 NAME

RICHARD STEINESTEL

4.3 STREET ADDRESS

1605 PALACE CT

4.4 CITY-ST-ZIP

VALRICO, FL 33594

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

900001791189

-04/23/96--01131--000

***200.00

14

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 in 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

(813)653-2652

CR2E034 (12/95)