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

PROFIT C@RPORATION ANNUAL REPORT



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

1996

P95000096503 (4) DOCUMENT #
1. Corporation Name

CHEETAH GYGTEMG INC

ONECIA	IT STSTEMO, INC.					
Principal Place of	of Business	Mailing Address			- I 10011001 140 10101 01111 00111 00111 1	BOLLI OBLEO IATEN OHIOI SISII ABESA ITIV IDAL
6432 PARKLAND DR. SARASOTA FL 34243		6432 PARKLAND DR. SARASOTA FL 34243				
					3. Date Incorporated or Qualified 12/2-1/1995	3a. Date of Last Report
2. Principal Place	ce of Business	2a. Mailing Address 26			4. FEI Number 65-0655406	7
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Ţ	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Crty & State		City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees	
23 Zip	Zip Zip		Country	,	8. This corporation has liability for	intangible tax under s 199.032,
24	25	29	30		Florida Statutes Yes 10. Name and Address of New I	S No
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Curre	ent Registerea Agent	81	Name 🔽	/	
4						iser
CORPORATION SERVICE COMPANY				Street Addr	ess (P.O. Box Numbor is Not Acceptal	DRIVE
1201 HAYS STREET			83	P7.	S P MACOND	<i>P</i> (4.9
1 IALLAHA	SSEE FL 32301-2525					
•,			84	CitySA	2450 TA	FL 85 Zip Code 34443
11. Pursuant to	the provisions of Sections 607.050	2 and 607.1508, Florida Statu	tes, the above-	named corpor	ration submits this statement for the pured of directors. Thereby accept the and	urpose of changing its registered office
or registere familiar	ed agent, or both, in the State of Flo h, and accept the chiligations of Ser	tion 607.0505, Florida Statute	s.	MIANON'S LOOK	ration submits this statement for the pure rd of directors. I hereby accept the app	to a d
SIGNATURE	Javel X07	nette	•			4-15-96
SIGNATORE			OTE: Registered Age	nt signature require	d when reinstating)	FICERS AND DIRECTORS IN 12
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	Change Addition
TITLE	PSD	☐ DELETE	1.1 TITLE			C.taufe C. Modition
NAME	PRICE, BEN		1.2 NAME			
STREET ADDRESS	6432 PARKLAND DR.		1.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34243	- AFLETE	1.4 CITY-			Change Addition
TITLE	VTD DELETE		2. 1 TITLE			C drange C Macross
NAME	PRICE, BRETT		22 NAME			
STREET ADDRESS 6432 PARKLAND DR.			2.3 STREET ADDRESS			
CHY-ST-ZIP	SARASOTA FL 34243	F 7 05 177	2.4 CITY -			Change Addition
TITLE .			3 1 TITLE			- Change - Institute
NAME:	PRICE, BARBARA					
STREET ADDRESS	CADACOTA EL 04049		3.3. STREET ADDRESS 3.4 DITY-ST-ZIP			
CITY-ST-ZIP			4 1 TITLE			Change Addition
TITLE	}	[] otten	42 NAME		3000018	
NAME				T ADDRESS	-05/03/9601	054045
STREET ADORESS			4.4 CITY-	- 1	***200.00	
CITY-ST-ZIP		DELETE	5. 1 TITLE			Change Addition
TITLE		(see.e	5.2 NAME	- 1		_ : _
NAME				et address		
STREET ADDRESS				Ì		
CITY-ST-ZIP TITLE		5.4 CITY-SI-ZiP ☐ DELETE 6 1 TITLE				Change Addition
		<u> </u>	6.2 NAME			>2.
NAME CIDELL ADDOSCO				ET ADDRESS		16.7
STREET ADDRESS			0.5 O INC	., .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		/

64 CITY-ST-ZIP

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 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 Elock 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date