

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

FILED

Mar 17 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P96000044818 (8)**

1. Corporation Name

CEDAR POINT SUPPLY, INC.

Principal Place of Business

**224 DATURA STREET STE 1017
WEST PALM BEACH FL 33401**

Mailing Address

**224 DATURA STREET STE 1017
WEST PALM BEACH FL 33401**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1996

4. FEI Number

65-0677598

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**DINNHAUPT, KENNETH J SR.
224 DATURA STREET STE 1017
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | DINNHAUPT, KENNETH J SR. | |
| STREET ADDRESS | 224 DATURA STREET STE 1017 | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33401 | |

| | | |
|----------------|-------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | KENNEDY, MEGAN E | |
| STREET ADDRESS | 127 MAIN STREET | |
| CITY-ST-ZIP | NORWELL MA 02061 | |

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | DINNHAUPT, GERALDINE M | |
| STREET ADDRESS | 1100 GRAND BAHAMA | |
| CITY-ST-ZIP | SINGER ISLAND FL 33404 | |

| | | |
|----------------|-----------------------------------|---------------------------------|
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | DINNHAUPT, KENNETH J JR. | |
| STREET ADDRESS | 10 COLUMBIA PLACE APT C74 | |
| CITY-ST-ZIP | BROOKLYNN HEIGHTS NY 11201 | |

| | | |
|----------------|---------------------------------------|---------------------------------|
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | DINNHAUPT, MAURA E | |
| STREET ADDRESS | C/O 224 DATURA STREET STE 1017 | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33401 | |

| | | |
|----------------|---------------------------------------|---------------------------------|
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | CASHETTA, TINA | |
| STREET ADDRESS | C/O 224 DATURA STREET STE 1017 | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33401 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |

| | |
|--------------------|---|
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |

| | |
|--------------------|---|
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |

| | |
|--------------------|---|
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |

| | |
|--------------------|---|
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |

| | |
|--------------------|---|
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 in an amendment with an address.

SIGNATURE

[Signature]

[Signature]

CR2E034 (10/97)