

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

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May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000047313 (7)**

1. Corporation Name

FLORIDA CHEERLEADING ASSOCIATION, INC.



Principal Place of Business 105-H US 301 SOUTH TAMPA FL 33619	Mailing Address 105-H US 301 SOUTH TAMPA FL 33619
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3. Date Incorporated or Qualified 05/28/1996	3a. Date of Last Report
4. FEI Number 59-3382501	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 2214 Spyglass Hill Circle
22 City & State	27 City & State
23 Zip	28 Valrico FL
24 Country	29 Zip
	30 33594

9. Name and Address of Current Registered Agent

**MENEZ, JAY
105-H US 301 SOUTH
TAMPA FL 33619**

10. Name and Address of New Registered Agent

81 Name Ahrens, Kimball L.
82 Street Address (P.O. Box Number is Not Acceptable) 2214 Spyglass Hill Circle
83
84 City Valrico
85 Zip Code FL 33594

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 **Kimball L. Ahrens** **Kimball L. Ahrens** **3-28-97**
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 MENEZ, JAY R	
STREET ADDRESS 13000-C FOXRIDGE LANE	
CITY-ST-ZIP BLACKSBURG VA 24060	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE DIP/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME MENEZ, JAY R.	
1.3 STREET ADDRESS 1831 PRINCETON OAKS CIR #1515	
1.4 CITY-ST-ZIP BRANDON, FL 33511	
2.1 TITLE D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME AHRENS, KIMBALL L.	
2.3 STREET ADDRESS 2214 SPYGLASS HILL CIRCLE	
2.4 CITY-ST-ZIP VALRICO, FL 33594	
3.1 TITLE V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME AHRENS, DOUGLAS C.	
3.3 STREET ADDRESS 2214 SPYGLASS HILL CIRCLE	
3.4 CITY-ST-ZIP VALRICO, FL 33594	
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 do 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 on an attachment with an address.

SIGNATURE: **Jay R. Menez** **Jay R. Menez, President** **3-28-97** **(813) 664-0200**
Signature typed or printed name of signing officer or director Date Daytime Phone #