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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

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

3. Date Incorporated or Qualified
05/28/1996

3a. Date of Last Report

4. FEI Number
59-3382501

Applied For
 Applied For
 Not Applicable

6. 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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country

2a. Mailing Address
26 **2214 Spyglass Hill Circle**
27 Suite, Apt. #, etc.
28 **Valrico FL**
29 Zip Country
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 FL

85 Zip Code
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	D/P/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 O.	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)