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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000084499 (8)

## FILED Mar 19 1998 8:00am Secretary of State

CHERO	OKEE RANCH, INC.	``			
Principal Place	e of Business	Mailing Address			i likiti iliani alana hanta iliti 1861
6200 90TH AVE N PINELLAS PARK FL 34766		16604 US HWY 19N Clearwater Fl 34624		DO NOT WRITE IN TH	IIS SPACE
				3. Date Incorporated or Qualified	
• D:	dama of Discionary	112 10000 10000		10/10/1996	1 1
2. Principal Place of Business		2a, Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, otc		Suite, Apt. #, etc.		59-3420267	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State	•	6. Élection Campaign Financing	<b>\$5.00</b> May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	<sub>1</sub> Ζφ	Country	8. This corporation owes or has paid the	
24	25 Name and Address of Currer		30	Personal Property Tax due June 30.  10. Name and Address of New Register	Yes No
DIC		Trogratorou Agorit	81 Name	10. TIETO GITO FIGURES DE LIDE TIONS	Po rigotti
MICE, MULLI					
CLEARWATER FL 34624			82 Street Addi	ress (P.O. Box Number is Not Acceptable)	
	CANTAICH TE 04024		83		
			84 City	F	85 Zip Code
office or r	to the provisions of Sections 607.050 ogistered agent, or both, in the State in familiar with, and accept the oblig	of Florida, Such change was a	uthorized by the corporat	poration submits this statement for the purposition's board of directors. I hereby accept the	e of changing its registered appointment as registered
SIGNATURE	Signature, typed or profest raise of regularist ag-	a Large talk if armil, while (NOTE	Registered Agent signature requi	red when reinstating) DAT	F
12.	OF ICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	□ DELFTE	1.5 TITLE		Change Addition
NAME	RICE, HOLLY		1.2 NAME		
STREET ADDRESS	16604 US HWY 19 N		1.3 STREET ADDRESS		
CITY-S1-ZIP	CLEARWATER FL 34624		1.4 City-St-ZiP		
TITLE	ı	DELETÉ	2 1 TrTLF		Change Addition
NAME			2 2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS	•	
CITY - ST - ZIP			2 4 CITY-ST-ZIP		
TITLE		DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADORESS			3 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - ST - ZIP		Change Addition
NAME		L.J Deten	4.1 T(TLE		C olendo C Monton
			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4 4 CITY-ST-ZIP 5 1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	!		5.4 City-ST-ZiP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

4. Thereby 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 is 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 pattern against a director.

SIGNATURE:

tally K

Holly RRick

3/13/98

813-544-726Z