1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90096 042 ***158.75

DOCUMENT # P9600095707

CHEATIV	'E HORIZONS FINANCIAL,	INC.									
Principal Place	e of Business	Mailing Address							Milit Câtri Malin	TATAL BUILT INDI	44111 1481 1881
4014 GUNN HIGHWAY 4014 GUNN HIG			/AY								
275 275											
TAMPA FL 33624 TAMPA FL 33624								DO NOT WE		SPACE	
US US							3. Date Incorpora		3		
							11/22/1990	<u> </u>			
2. Principal Place of Business 2a. Mailing Ad			ddress				4. FEI Number	. 4		<u> </u>	oplied For
21		26					59-341183	59-3411834 Not Applical			ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	¬ ' ' '				5. Certifcate of S	Status Desired	X	— — — —	Additional [
22											· .
	9	<u>├</u>					•6Election Camp. Trust Fund Co				_May_Be to Fees
23	Country	28	Col	untry		-	8. This corporati		mant waar lat		to rees
Zip		⊢ –	30	onu y		ŀ	Personal Prop		nem year m	∐ Yes	□No
24	9. Name and Address of Curre	29 Anant	[30]	Τ-			10. Name and A		Registered		
·	5. Name and Address of Curre	int registered Agent		81	Name				g		
FERI	rell, Herbert L.						.				
4014 GUNN HIGHWAY SUITE 275				82 Street Addr			s (P.O. Box Numb	er is Not Accep	table)		
	PA FL 33624		83								
							_				
				84	City				FL	85 Zip	Code
office or re agent. I as	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was a ations of, Section 607.0505, Fl	authorize orida Sta	d by tutes	tne corpo	orations	s doard of director	s. I hereby acce	эрс ине аррос	ntment as re	egistered
	Signature, typed or printed name of registered ag				t signature re	w beniupe	hen reinstating)		DATE	ID DIDECT	200 11 12
12.		ND DIRECTORS	13.	_			ADDITIONS/CI	HANGES TO O	FFICERS AF	Change	Addition
TITLE	PO DELETE			1.1 ΠΠΕ						County	
NAME	FERRELL, HERBERT L.		1.2 NAME								
STREET ADDRESS	14906 GREELEY DR				TADDRESS						
CITY-ST-ZIP	TAMPA FL 33625	Ft ac ere	1.4 CITY-ST-ZIP		r-ZIP		_			Change	Addition
TITLE	VPO DELETE			2.1 TITLE						Change	
NAME	MALECKI, JOHN F.			IAME							
STREET ADDRESS	4014 GUNN HIGHWAY SUITE	275			ADDRESS						
CITY-ST-ZIP	TAMPA FL 33624			CITY-S	T-ZIP					☐ Change	☐ Addition
_TITLE _		DELETE	3.1.T								
NAME				IAME -					•		
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP	DELETE			3.4. CITY-ST-ZIP 4.1 TITLE						Change	☐ Addition
TITLE		□ vere ie									
NAME			1	NAME					•		
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP			_	ITY-S	I-ZIP					Change	☐ Addition
TITLE		L' AEFEIE	5.1 T	IAME						C) Singligo	
NAME					ADDRESS				-		
STREET ADDRESS				CITY-S							
CITY-ST-ZIP		☐ DELETE	6.1 T		- 417					Change	☐ Addition
TITLE				IAME						fuel Criticing to	
NAME					ADORESS						
STREET ADDRESS				3.3 STREET ADORESS 3.4 CITY-ST-ZIP			,				
CITY-ST-ZIP			0.4 (// II-O	1-4IF		-				

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 on an adaptiment with an address, with all other like empowered.

JAW-06-99 813-969-2901