


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

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Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90033 044 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000097192			
1. Corporation Name CHERRY ORCHARD, INC.			
Principal Place of Business C/O EAST OCEAN REALTY 121 E OCEAN AVE LANTANA FL 33462		Mailing Address C/O EAST OCEAN REALTY 121 E OCEAN AVE LANTANA FL 33462	
2. Principal Place of Business 21 205 S. ATLANTIC DR. Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. BOX 3604 Suite, Apt. #, etc.	
23 LANTANA, FL. City & State 24 33462 Zip 25 R U.S.A Country		28 LANTANA, FL. City & State 29 33465 Zip 30 EEB. USA Country	
9. Name and Address of Current Registered Agent HENRIKSEN, DEBORAH L ESQ. C/O EAST OCEAN REALTY, INC. 121 E. OCEAN AVE. LANTANA FL 33462			
10. Name and Address of New Registered Agent 81 Name DEBORAH L. HENRIKSEN 82 Street Address (P.O. Box Number is Not Acceptable) 205 S. ATLANTIC DR. 1122 No. B St. 83 84 City LAKE WORTH FL 85 Zip Code 33460			
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 DEBORAH L. HENRIKSEN, TREASURER <i>Deborah L. Henriksen</i> 1-11-99 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST KRATOCHVIL, PETER 121 EAST OCEAN AVENUE LANTANA FL 33462	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DEBORAH L. HENRIKSEN
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	TREASURER T DEBORAH L. HENRIKSEN 1122 NORTH B Street LAKE WORTH, FL. 33460
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	DPS KRATOCHVIL, PETER 205 S. ATLANTIC DR. LANTANA FL. 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/02/1996

4. FEI Number

65-0713773

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 the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HENRIKSEN, DEBORAH L ESQ.
C/O EAST OCEAN REALTY, INC.
121 E. OCEAN AVE.
LANTANA FL 33462**

81 Name **DEBORAH L. HENRIKSEN**
82 Street Address (P.O. Box Number is Not Acceptable) **~~205 S. ATLANTIC DR.~~ 1122 No. B St.**
83
84 City **LAKE WORTH** FL 85 Zip Code **33460**

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 **DEBORAH L. HENRIKSEN, TREASURER** *Deborah L. Henriksen* 1-11-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Deborah L. Henriksen*
Signature, typed or printed name of signing officer or director

JAN. 11, 1999 (561) 762-7600
Date Daytime Phone #

CR2E034 (11/98)