SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000033652 (3)

CHEROKEE CUTTINGS, INC.

Principal Place of Business	Mailing Address
2211 PARADISE WAY	2211 PARADISE WAY
COUNTRY LAKES II	COUNTRY LAKES II
PALMETTO EL 34221	PALMETTO EL 34221

FILED Aug 12 1998 8:00am Secretary of State



PALMETTO FL		PALMETTO FL 34221		DO NOT WRITE IN THIS SPACE	
ı				3. Date Incorporated or Qualified 04/15/1997	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 /0/	respectiald.	26 SAM	L	65-0744095	Not Applicable
Suite, Apt.	Tiers Ciald. #, etc. Box 25'8	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e 0 //	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Teri	ZA Clia V/.	28		Trust Fund Contribution	Added to Fees
Zip 24] " 37/2.	Country	Zip	Country	8. This corporation owes or has pald the	
24 572	9. Name and Address of Current F	29	30	Personal Property Tax due June 30. 10. Name and Address of New Registers	Yes No
AME	RILAWYER CHARTERED	togratored Agent	81 Name 7	10. Name and Address of Now Registers	_
	ALMERIA AVENUE		82 Street Add	ress (P.O. Box Number Is Not Acethable)	Sn,
	IAL GABLES FL 33134		Street Audi	PARADISA WAY	
	-,		83		
			84 City	7./4/	85 Zip Code
44	11 Maria 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-4 DA7 4500 Final Co. 1	0		L 79221
•1 Pursuant office or	t to the provisions of sections 607.0502 a regi <mark>ster</mark> ed agent, or both, in the State of	no 607.1508, Florida Statul Florida. Such change was	tes, the above-named corporation authorized by the corporation	oration submits this statement for the purpose o ion's board of directors. I hereby accept the ap	r cnanging its registered po int ment as registered
			~~~~		1 hho
SIGNATURE	Signature, typed or printed name of registered agont a	Halle If applicable.	VOTE: Registered Agent signature req	guired when reinstating) DATI	0/5/70
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PTD	DELETE	1.1 TITLE		Change Addition
NAME	PENNINGTON, RUSSELL R		1.2 NAME		
STREET ADDRESS	2211 PARADISE WAY		1.3 STREET ADDRESS		:
CITY-ST-ZIP	PALMETTO FL 34221		1.4 CITY-ST-ZIP		
TITLE	SVD	DELETE	2.1 TITLE		Change Addition
NAME	SIBLEY, WILLIAM C 2211 PARADISE WAY	•	2 2 NAME		Č,i
STREET ADDRESS	PALMETTO Ft 34221		2.3 STREET ADDRESS		ξ
TITLE SUD		1/2 DELETE	2.4 CiTY-ST-ZIP 3.1 TITLE		Change Addition
NAME	Pannington Russel	//c ["]tyece ie	3.2 NAME		Citalige Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		•
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		•
CITY-ST-ZIP		·	5.4 CITY-ST-ZIP		
TITLE		L DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			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.

CIONATURE.

Popular Service

+/0/5x

941-227-7400