## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morihám

Secretary of State

DIVISION OF CORPORATIONS

1998 DOCUMENT #

P97000063927 (2)

CHERI PARIS, INC.

**FILED** Apr 16 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 588 105TH AVE. NORTH 588 105TH AVE. NORTH NAPLES FL 34108 NAPLES FL 34108 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>07/22/1997</u> 2. Principal Place of Business 2a. Mailing Address Applied For *69-3454733* 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PARIS, CHERI 588 105TH AVE. NORTH 82 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 34108 83 84 City 85 Zip Code 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, typed or printed name of registered agent and lifte if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Addition TITLE 1.1 TITLE ☐ Change PARIS, CHERI NAME 1.2 NAME 588 105TH AVE. NORTH STREET ADDRESS 1.3 STREET ADDRESS NAPLES FL 34108 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE 2.1 TITLE Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 THILE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE Addition TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADORESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 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 suppliemental 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 trustoc empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed or or an attachment with an address.

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