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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 29 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700086716 (2)

CHEROKEE CLUB, INC.

Principal Place of Business Mailing Address				r saorison 1.9 ionis 10011 adilit 80111 80111 10114 01111 10101 11010 0111 1001	
1320 9TH AV SUITE 210	ENUE	1320 9TH AVENUE Suite 210			
TAMPA FL 33605		TAMPA FL 33605		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
2. Principal I	Place of Business	2a. Mailing Address		10/06/1997 4. FEI Number	
21		26		4. FEI Number Applied For Not Applicable	
Suite, Apl	. #, elc.	Suite, Apt #, etc.		\$0.75 Auto	
22	· · · · · · · · · · · · · · · · · · ·	27		6. Certificate of Status Desired Fee Required	
City & Sta	le ,	City & State		Election Campaign Financing \$5.00 May Be	
23	Country	28		Trust Fund Contribution Added to Fees	
Zip	Gountry	Zip	Country	8. This corporation owes or has paid the current year Intangible	
24	25 Name and Address of	29 Current Registered Agent	30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent	
140			81 Nan		
MCGUÇKEN, KAY J 1320 9TH AVENUE 82 Street Addre					
	ITE 210		82 Stre	eet Address (P.O. Box Number is Not Acceptable)	
	MPA FL 33605		83		
	:		84 City	OF 7in Code	
				FL T	
11. Pursuant	to the provisions of Sections 6	07.0502 and 607.1508, Florida State of Florida, Such change was	ules, the above-name	ned corporation submits this statement for the purpose of changing its registered	
agent la	am familiar with, and accept the	obligations of, Section 607.0505, f	Torida Statutes.	corporation's board of directors. I hereby accept the appointment as registered	
SIGNATURE	 				
12.	Signifure, typed or printed name of regist Of FICE	RS AND DIRECTORS	OTE Registered Agent signal 13.	ature required when reinstalling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		DELETE	11 TITLE	OIUPISIT7 D Change Addition	
NAME			1.2 NAME	KAY J. MEGUCKEN	
STREET ADDRESS	;		1.3 STREET ADDRES		
CITY-ST-ZIP	<u></u>		1.4 CITY - ST - ZIP	TOMPA FLA 33605	
TITLE		DELETE	2.1 TITLE	Change Addition	
NAME			2.2 NAME		
STREET ADDRESS	5		2.3 STREET ADDRES	36	
CITY-ST-ZIP	;		2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	Change	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRES	is	
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP	Change II Addition	
NAME		L. OLLIN	4.7 THE 4.2 NAME	☐ Change ☐ Addition	
STREET ADDRESS	•		4. 2 NAME 4.3 STREET ADDRESS	· ·	
CITY-ST-ZIP			4.3 STREET ADDRESS	8	
TITLE		DELETE	5.1 TITLE	Change Addition	
NAME		_	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	ss l	
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE	Change Addition	
NAME			62 NAME		
ATTICET ADDRESSO	,			1	

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 corpowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter 607, or on an appears with an address.