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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000106420 (7) DOCUMENT #

1, Corporation Name

CRICKETERS OF 54, INC.

## **FILED** May 19 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 8525 STATE ROAD 54 8525 STATE ROAD 54 **NEW PORT RICHEY FL 34653** NEW PORT RICHEY FL 34653 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>12/17/1997</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 69- 3482512 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zio Country Ζīρ Country 8. This corporation owes or has paid the current year Intangible 24 29 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 RYTE-GOLD, MAIZE 8525 STATE ROAD 54 82 Street Address (P.O. Box Number is Not Acceptable) **NEW PORT RICHEY FL 34653** 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (10/97 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 11 TITLE .... Addition Change KYTE-GOLD, MAIZE NAME 1.2 NAME 8525 STATE ROAD 54 STREET ADDRESS 13 STREET ADDRESS **NEW PORT RICHEY FL 34653** CITY-ST-ZIP 14 CITY-ST-ZIP DELETE TITLE 21 TITLE Change Addition KYTE-GOLD, ALAN NAME 22 NAME 8525 STATE ROAD 54 STREET ADDRESS 23 STREET ADDRESS **NEW PORT RICHEY FL 34653** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE Change Addition 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. City - ST - ZIP DELETE TITLE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition TITLE 5.1 TITLE Change NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE TITLE Change Addition 61 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 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 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.