

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000035109

1. Corporation Name

CHEER TIME TRAINING CENTER, INC.

Principal Place of Business

6600 N.W. 14TH STREET
PLANTATION FL 33313

Mailing Address

6600 N.W. 14TH STREET
PLANTATION FL 33313

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90037 028 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/17/1998

4. FEI Number

65-0827529

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

PICKMAN, BETH
4923 S.W. 31ST TERRACE
FT LAUDERALE FL 33312

10. Name and Address of New Registered Agent

81 Name RODOLFO M. LEINBOCK
82 Street Address (P.O. Box Number is Not Acceptable)
16930 N.W. 54TH COURT
83
84 City CAROL CITY FL 85 Zip Code 33055

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PDT	<input checked="" type="checkbox"/> DELETE
NAME	PICKMAN, BETH	
STREET ADDRESS	6600 N.W. 14TH STREET	
CITY-ST-ZIP	PLANTATION FL 33313	
TITLE	PDT	<input type="checkbox"/> DELETE
NAME	MAYORGA, ROGER	
STREET ADDRESS	6600 N.W. 14TH STREET	
CITY-ST-ZIP	PLANTATION FL 33313	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RODOLFO M. LEINBOCK	
1.3 STREET ADDRESS	16930 N.W. 54TH COURT	
1.4 CITY-ST-ZIP	CAROL CITY, FL 33055	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/99 305-621-1843
Date Daytime Phone #

CR2E034 (1/98)