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May-14-99 12:52PM;

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05031999-90117-049-\$150.00-\$150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000047276			
1. Corporation Name M. CHEELEY, INC.			
Principal Place of Business C/O 33 N.E. 2ND STREET, SUITE 101 FT. LAUDERDALE FL 33301		Mailing Address C/O 33 N.E. 2ND STREET, SUITE 101 FT. LAUDERDALE FL 33301	
DO NOT WRITE IN THIS SPACE			
3. Date Incorporated or Qualified 05/27/1998			
2. Principal Place of Business 315 S.W. 7th ST Suite, Apt. #, etc. #1 City & State FT. LAUDERDALE FL Zip 33315		4. FEI Number 65-0839582- Applied For Not Applicable	
2a. Mailing Address 315 S.W. 7th ST Suite, Apt. #, etc. #1 City & State FT. LAUDERDALE FL Zip 33315		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 ELIUMSTEIN, MARK I 33 N.E. 2ND STREET, SUITE 101 FT. LAUDERDALE FL 33301		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		85 Zip Code	
11. Pursuant to the provisions of Sections 607.0602 and 607.1606, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office, 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. (Attach form with, and accept the obligation to, Section 607.1606, Florida Statutes)			
SIGNATURE <i>Mark I. Eliumstein</i> 4/23/99			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE NAME STREET ADDRESS CITY-ST-ZIP D CHEELEY, MARK 354 BAYSINGER AVENUE FORT PIERCE FL 34982		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 400002882854 -05/21/99-01100-001 *****8.75*****	
2. TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
3. TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
4. TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
5. TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
6. TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99 561-466-4033

05/14/99

COR2834 (11/98)