## 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 # P98000091092

1. Corporation Name

CHERYL BARTLETT ENTERPRISES, INC.

	•	
Principal Place of Business		 Mai

## FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90007 018 \*\*\*150.00



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Principal Place	e of Business	Mailing Address				) imalimus erm emme ingett maren darte marie marie nates ten		
760 NE 43RD S	TREET	760 NE 43RD STREET	760 NE 43RD STREET					
POMPANO BEA		POMPANO BEACH FL 330	64			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						10/26/1998		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	App	lied For
21	,	26				65-0870763		Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc		<u> </u>		5. Certificate of Status Desired	. <b>7.5</b> , A	dditional
22 27				-				
City & State	· ·	City & State				1 - 1 - 1	<b>5.00 ≀</b> dded ta	•
23 Zin	Country	Country Zip Country		This corporation owes the current year Intangible		1663		
Zip	25	29	30			Personal Property Tax.		□No
24	9. Name and Address of Curren		1001.	Ϊ	_	10. Name and Address of New Registered Agent		
	<u> </u>	<u> </u>		81	Name			
Bartlett, Cheryl		'	82	Street Addre	ss (P.O. Box Number is Not Acceptable)			
	NE 43RD STREET		52 Street A00:					
POM	PANO BEACH FL 33064			83		•		
1				84	City	\85	Zip C	ode
			<u> </u>		•	FL   "	*	
office or r	ocietorod agent or both in the State	of Florida. Such change was a	aumonzec	וז עמונ	named corpor he corporation	ration submits this statement for the purpose of change is board of directors. I hereby accept the appointmen	t as reg	istered
agent. I ai	m familiar with, and accept the obligation	tions of, Section 607.0505, Flo	onda Stati	utes.				
SIGNATURE	Signature, typed or printed name of registered ager	t and title if applicable. {NOTI	E: Registered	Agent	signature required	when reinstating) DATE		
12.		D DIRECTORS	13.		_	ADDITIONS/CHANGES TO OFFICERS AND DIF		
TITLE	D	☐ DELETE	1.1 TE	TLE			hange	[_] Addition
NAME	BARTLETT, CHERYL		1.2 N	WE.				
STREET ADDRESS	760 NE 43RD STREET		1.3 81	REET	ADDRESS			
CITY-ST-ZIP	POMPANO BEACH FL 33064		_	TY-\$T-	-ZIP		hange	☐ Addition
TITLE		, DELETE	2.1 Π				i lai iye	
NAME .	<u>.</u>		2.2 N/					
STREET ADDRESS					ADORESS	<del></del>		
CITY-ST-ZIP		DELETE	3.1 TI	TIF	-219		hange	Addition
NAME			3.2 N					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				ITY-ST		•		
TITLE		☐ DELETE	4.1 TT				hange	☐ Addition
NAME		<b>9</b> •	. 4.2 N	AME				
STREET ADDRESS			4.3 ST	TREET,	ADDRESS			
CITY-ST-ZIP			4.4 CI	TY-ST	-ZIP			
TITLE		☐ DELETÉ	5.1 ΤΓ				hange	☐ Addition
NAME			5.2 N			•		
STREET ADDRESS					ADDRESS			, '
CITY-ST-ZIP		□ BELETE	5.4 CI 6.1 TI	TIF	- ZP		hange	Addition
TILE		☐ DELETE	6.2 N				riai iye	
NAME			1		ADDRESS	,		
STREET ADDRESS				ITY-ST	- 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if channed, or on an attachment with an address, with all other like empowered.

SIGNATURE: >

KEQUIRED