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

officer or director or the Block 12 or Block 13 if charged

May 13 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # S54586 (0)CHEER CONNECTION, INC. Principal Place of Business Mailing Address 5640 8 W 78TH STREET 14662 SW 145 TERR MIAM! FL 33143 MIAMI FL 33186 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/22/1991 Miami, 2a. Mailing Address 2. Principal Place of Business Applied For 8040 SW 13851. 65-0270840 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 26 Zip Country 8. This corporation owes or has paid the current year Intangible 29 □ No Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CAMPBELL, CHRIS E 5640 **S** W 78TH STREET 82 **MIAMI FL 33143** 83 ons of Sections (iV.0502 and 607, 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered cnt, 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 th, and accept the upligations of Section (b) 605, Florida Statutes. 11. Pursuant to the provi office or registered agent. I am familiar SIGNATURE (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 10) 6 NAME CAMPBELL, CHRIS E 1.2 NAME **564**0 S W 78TH ST STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-7IF 1.4 CITY-ST-ZIP D-Rose, William Achange Addition DELETE TITLE 2.1 TITLE 14662 500 145 Terrace Miami, Fl. 33186 NAME ROSE, WILLIAM 22 NAME 5640 S W 78TH ST STREET ADDRESS 2.3 STREET ADDRESS **Mi**ami Fl CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE Change Addition 3.1 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 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE ☐ Change ■ Addition name 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 eath; 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 chartrest or on an attactured with an address.

with an address.

n

0 0

FILED

May 27,98

305 254 3020