

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

FILED  
Mar 25, 1999 8:00 am  
Secretary of State

03-25-1999 90050 026 \*\*\*158.75

DOCUMENT # V18696

1. Corporation Name  
CHEER CONSOLIDATIONS, INC.

Principal Place of Business  
1805 UPPER COVE TERRACE  
SARASOTA FL 34231  
US

Mailing Address  
1805 UPPER COVE TERRACE  
SARASOTA FL 34231  
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/14/1992

4. FEI Number  
65-0318847

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

2. Principal Place of Business

21 4332 CAMINO MADERA

Suite, Apt. #, etc.

22 SUITE 2000

City & State

23 SARASOTA, FLORIDA

Zip

24 34238

Country

25 U.S.A.

2a. Mailing Address

26 4332 CAMINO MADERA

Suite, Apt. #, etc.

27 SUITE 2000

City & State

28 SARASOTA, FLORIDA

Zip

29 34238

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

SCHWEIZER, ARTHUR M  
1805 UPPER COVE TERRACE  
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name SCHWEIZER, ARTHUR M.

82 Street Address (P.O. Box Number is Not Acceptable)  
4332 CAMINO MADERA

83 SUITE 2000

84 City SARASOTA

FL

85 Zip Code  
34238

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

RESIDENT

19 MARCH 1999

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 PD ☒ DELETE

NAME SCHWEIZER, ARTHUR M  
STREET ADDRESS 1805 UPPER COVE TERRACE  
CITY-ST-ZIP SARASOTA FL

TITLE STD ☒ DELETE

NAME SCHWEIZER, ANNETTE  
STREET ADDRESS 1805 UPPER COVE TERRACE  
CITY-ST-ZIP SARASOTA FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME SCHWEIZER, ARTHUR M  
1.3 STREET ADDRESS 4332 CAMINO MADERA  
1.4 CITY-ST-ZIP SARASOTA, FLORIDA 34238

2.1 TITLE STD ☒ Change ☐ Addition

2.2 NAME SCHWEIZER, ARTHUR M.  
2.3 STREET ADDRESS 4332 CAMINO MADERA  
2.4 CITY-ST-ZIP SARASOTA, FLORIDA 34238

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: CKX657

ARTHUR M. SCHWEIZER

RESIDENT 19 MAR. 99

923-1114

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)