

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

FILED
Mar 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 388539 (9)
 1. Corporation Name
WORLDCHECK, INC.



Principal Place of Business: % JACK I KETAY, STE 410, 12955 BISCAYNE BLVD., NORTH MIAMI FL 33181
 Mailing Address: % JACK I KETAY, STE 410, 12955 BISCAYNE BLVD., NORTH MIAMI FL 33181

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 12955 BISCAYNE BLVD., 22 410, 23 NORTH MIAMI FL, 24 33181, 25 DADE
 2a. Mailing Address: 26 12955 BISCAYNE BLVD., 27 410, 28 NORTH MIAMI FL, 29 33181, 30 DADE

3. Date Incorporated or Qualified: 09/17/1971
 4. FEI Number: 59-1366527
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: DAVIS, MICHAEL S, 2311 N. ANDREWS AVENUE, WILTON MANORS FL 33311

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 607.0502 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	DAVIS, MICHAEL S	
STREET ADDRESS	1200 N.W. 101 WAY	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VST	<input checked="" type="checkbox"/> DELETE
NAME	STONE, JACK	
STREET ADDRESS	20350 W COUNTRY CLUB DR	
CITY-ST-ZIP	MIAMI, FL 00000	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	STONE, JACK	
2.3 STREET ADDRESS	3268 BEECH BERRY CIR.	
2.4 CITY-ST-ZIP	DAVIE, FL 33328	
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 a 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, as an attachment with an address

SIGNATURE: *Michael S. Davis* 2/2/98 (305) 891-9740

CR2E034 (10/97)