FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 21 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 665153 (3)

1. Corporation Name
CHECK-OUT MARKETING, INC.

Principal Place of Business	Mailing Address
400 GREENBRIAR DRIVE LAKE PARK FL 33403	400 GREENBRIAR DRIVE LAKE PARK FL 33403

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/31/1980
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21: 79 IRONWOOD WAY N
22: Suite, Apt. #, etc.
23: Palm Bch. Gardens, FL
24: Zip 33418
25: Country P. Bch.

2a. Mailing Address
26: 79 IRONWOOD WAY N.
27: Suite, Apt. #, etc.
28: Palm Bch. Gardens, FL
29: Zip 33418
30: Country Palm Bch.

4. FEI Number: 59-1990669 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RICCI, FRANK W., ESQ.
331 TEQUESTA DR., #208
TEQUESTA FL 33469

ADDRESS CHANGE ONLY

10. Name and Address of New Registered Agent

81 Name: RICCI, FRANK W., ESQ.
82 Street Address (P.O. Box Number is Not Acceptable): 4360 NORTHLAKE BLVD. #205
83
84 City: Palm Bch. Gardens FL 85 Zip Code: 33410

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTS	11 TITLE	PTS ☒ Change ☐ Addition
NAME	PAYNE, SUSAN R.	12 NAME	PAYNE, SUSAN R.
STREET ADDRESS	400 GREENBRIAR DRIVE	13 STREET ADDRESS	79 IRONWOOD WAY N.
CITY-ST-ZIP	LAKE PARK, FL 33403	14 CITY-ST-ZIP	P. B. GARDENS, FL 33418
TITLE	SDT	21 TITLE	SDT ☒ Change ☐ Addition
NAME	PAYNE, SUSAN R.	22 NAME	PAYNE, SUSAN R.
STREET ADDRESS	400 GREENBRIAR DRIVE	23 STREET ADDRESS	79 IRONWOOD WAY N.
CITY-ST-ZIP	LAKE PARK, FL 33403	24 CITY-ST-ZIP	P. B. GARDENS, FL 33418
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Susan R. Payne 4/18/95 (407)622-2073
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #
SUSAN R. PAYNE

0456335 FP