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Jan 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # L52891 (3)

1. Corporation Name: CHECKERBOARD SQUARE, INC.



Principal Place of Business
PO BOX 8928
PORT ST LUCIE FL 34985

Mailing Address
PO BOX 8928
PORT ST LUCIE FL 34985-8928

3. Date Incorporated or Qualified: 02/26/1990
3a. Date of Last Report: 01/31/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number: 65-0173241
Applied For: Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired: \$8.75 Additional Fee Required

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

23. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOORMAN, CALUDE T, II
8251 S US HWY 1
PORT ST LUCIE FL 34952

81. Name

82. Street Address (P.O. Box Number is Not Acceptable): 8241 South US #1

83. City

84. City

FL

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 reinstalling) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: DP
NAME: BISHOP, CONNIE E.
STREET ADDRESS: 7004 WILDWOOD WAY
CITY - ST - ZIP: PORT ST. LUCIE FL

1.1 TITLE: Change Addition
1.2 NAME: Change Addition
1.3 STREET ADDRESS: 8241 South US #1 address
1.4 CITY - ST - ZIP: PSL, FL 34952

TITLE: VST
NAME: MOORMAN, CLAUDE T., M.D.
STREET ADDRESS: 8251 S US 1
CITY - ST - ZIP: PORT ST. LUCIE FL

2.1 TITLE: Change Addition
2.2 NAME: Change Addition
2.3 STREET ADDRESS: 8241 South US #1 address
2.4 CITY - ST - ZIP: PSL, FL 34952

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

3.1 TITLE: Change Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY - ST - ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

4.1 TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY - ST - ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY - ST - ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

6.1 TITLE: Change Addition
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY - ST - ZIP:

14. I do 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 the Florida Statutes; and that my name appears in Block 12 or 13 if changed, or as an attachment with an address.

SIGNATURE: Claude T. Moorman II Claude T. Moorman II 561-220-2845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 21 Jan 97 DAYTIME PHONE: 561-220-2845

CR2E034 (9/96)