FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

	JAL REPORT 1996	Secretary DIVISION OF CC	of State			
	MENT # M74	414 (7)				
	D D LEGAL CHECKING S	SERVICE, INC.				
Principal Place	of Business	Mailing Address			81) Q381 91931 01014 81811 83813 91811 81813 1981	
1810 BAYBERRY DRIVE PEMBROKE PINES FL 33024		1810 BAYBERRY DRIVE PEMBROKE PINES FL 3	1810 BAYBERRY DRIVE PEMBROKE PINES FL 33024		Date Incorporated or Qualified	
				03/30/1988	02/03/1995	
— 'ı '	ace of Business	2a. Mailing Address		4. FEI Number 65-0103382	Applied For Not Applicable	
Suite, Apt.	# etc	26		Certificate of Status Desired	\$8.75 Additional	
22	27				Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
23]	Country	28	Country	8. This corporation has liability for	intangible tax under s. 199.032,	
24	25		30	Florida Statutes Yes	S No	
	9. Name and Address of Cu	rrent Registered Agent	81 Name			
GILLISON, JENISE 1810 BAYBERRY DR. PEMBROKE PINES FL 33024				CREEL SENI ddress (P.O. Box Number is Not Accepta 18/0 BAYBERCU		
			84 City A	MBROKE PINES	FL 85 Zin Code 3 3024	
11. Pursuant or registe familiar w	to the provisions of Sections 607.0 pred agent, or both, in the State of hith and accept the obligations of the state of t	1 Illdon Il	the above-named co by the corporation's	moration submits this statement for the publicand of directors. I hereby accept the applicant	[
12.	Signature system of printed nature of registered OF FICERS	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1. 1 TITLE	CREEK IDENISE	FICERS AND DIRECTORS IN 12 Change Addition	
NAME	GILLISON, JENISE C		1.2 NAME	CREEK IDENIOR) <u>S</u>	
STREET ADDRESS			1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	SMe	2	
CITY-S1-ZIF TITLE	PEMBROKE PINES FL D	DELETE	2 1 TILLE	D	Change Addition	
NAME	GILLISON, JENISE C.		2.2 NAME	CREER , JEWISE		
STHEFT ADDRESS	1010 0111 - 111		2.3 STREET ADDRESS	Some		
CITY-ST-ZIP	PEMBROKE PINES FL	☐ DELETE	2 4 CITY - S1 - ZIP 3 1 THTLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY - S1 - ZIP		C DUST	3 4 CHY - \$1 - 7IP		Change Addition	
117LF		☐ DELETE	4 1 TOTLE 42 NAME			
NAME			4.3 STHEET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			44 CITY - ST - ZIP			
TITLE		☐ DELETE	5 1 TULE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY - S1 - ZIP		□ DELETE	5 4 CHY-SI-ZIP		Change Addition	
↑IIT.E		☐ DELETE	6 1 TITLE 62 NAME			
NAME other Landberg			5.3 STHEET ADDRESS			
STREET ADDRESS			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 cath; that I am an officer or director of the corporation or the receiver or trusted 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 any attachment with an address.

SIGNATURE:

SIGNATURE:

**AUDITION OF SIGNATURE OF SIGNATURE STATES AND ACTION OF SIGNATURE STATE