5-6-97 B 6386 FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000071706 (1)

CHECKMATE EQUITIES, INC.

Principal Place of Business

Mailing Address

5281 ISLA KEY BLVD, #302

FILED May 06 1997 8:00am Secretary of State



ST. PETERSBUR			\$T.	. PETERSBURG FL 3	3715-1683						
								3. Date Incorporated or Qualified 08/26/1996	3a. Da	te of Lasi	_ `
2. Principal Place of Business			2a	2a. Mailing Address				4. FEI Number	•		Applied For
21			26					59-3399980	Δ		Not Applicable
Sulte, Apt. #, etc.			27	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State				City & State			6. Election Campaign Financing \$5.00 May Be				
23			28		* :			Trust Fund Contribution			ed to Fees
Zip				Zip	Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes ☐ No			
24	25	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	29	stand Anni	30	-		Florida Statutes 10. Name and Address of New Re			
		d Address of Curre	nt Regii	stered Agent		81	Name	10. Name and Address of New Ac	gisto ou s	(Aeur	<u> </u>
	RSON, JOSEP										
5281 ISLA KEY BLVD. #302						82	Street Ac	dress (P.O. Box Number is Not Acceptal	ole)		
ST. I	PETERSBURG	FL 331/5				83					
						84	City		FL	85 Z	ip Code
44 Durawant	to the provision	of Sections 607 Of	03 and 4	607 1508 Florida St	atutos the	above	a-named co	ornoration submits this statement for the		changin	o its registered
office or r	registered agent	or both, in the Stat	e of Flori	ida. Such change w	as author	zed by	the corpo	orporation submits this statement for the ration's board of directors. I hereby acce	pt the app	ointment	as registered
agent. I a	ım familiar with,	and accept the obli	gations o	of, Section 607.0505	s, Florida S	talutes	S.	•			
SIGNATURE	Signature typed or a	rinted name of registered a	root and till	to diameterable	(NOTE: Bonisto	orad An	int signature re	qured when reinstating)	DATE		
12.	эфиного, финосо р	OFFICERS A			13		THE OWNER OF THE OWNER OF THE OWNER	ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECT	ORS IN 12
TITLE	PŠD			DELETE	1,1	TITLE				Chang	ge 🔲 Addition
NAME	KIRSNER, B	Arry r			1.2	2 NAME					
STREET ADDRESS	5909 SKIMM	er point blvd.			1.3	STREET	ADDRESS				
CITY-ST-ZIP	ST. PETERS	BURG FL 33707			1.4	4 CI1Y - S	31-ZIP				
TITLE	VPTD			DELETE	21	TITLE				Chang	ge 🔲 Addition
NAME	BEARSON, J				22	2 NAME					
STREET ADDRESS		EY BLVD., #302			23	STREET	ADDRESS				
CITY-ST-ZIP	ST. PETERS	BURG FL 33715				4 Cil Y - I	S1-ZIP				
TITLE				DELETE	31	TITLE				☐ Chang	ge L. Addition
NAME					3.2	2 NAME					
STREET ADDRESS					3.3	3 STREET	ADDRESS				
CITY-ST-ZIP						4. CHY-	ST-ZIP				. Large.
TITLE	[☐ DELETE		TITLE				L Chang	ge 🔲 Addition
NAME						2 NAME					
STREET ADDRESS					1		ADDRESS				
CITY-ST-ZIP	ļ			DELETE		4 Cily - S	ST-ZIP		· · · · · · · · · · · · · · · · · · ·	Chang	e Addition
TITLE				☐ DELETE	-	1 TITLE				L. J CHANG	ac Thaquada
NAME						2 NAME	10000000				
STREET ADDRESS							ADDRESS				
, CITY-ST-ZIP	<u> </u>			DELETE		4 CITY - S 1 TITLE	51 - ZIP			Chang	ne Addition
TITLE				□ verete		2 NAME				L. Onong	go [_] nogilioi
NAME OTREET ADDRESS							ADDRESS				
STREET ADDRESS											
CITY-ST-ZIP	l				6.4	4 CITY - S	51-211				

14. I do hereby certify that the information supplied with this filing does not quality 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.