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**Apr 30 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 # P96000100324 (8)

1. Corporation Name
NATIONAL TENANT CHECK, INC.



Principal Place of Business
**2655 N. OCEAN DRIVE 3RD FLOOR
SINGER ISLAND FL 33404**

Mailing Address
**2655 N. OCEAN DRIVE 3RD FLOOR
SINGER ISLAND FL 33404-4751**

3. Date incorporated or Qualified **12/11/1996** 3a. Date of Last Report **N/A**
4. FEI Number **65-072-3841** 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 **N/A**

2. Principal Place of Business
21 **2104 Bonise Cir.**
Suite, Apt. #, etc. **N/A**
22 **N/A**
City & State **Palm Bch. Gardens, FL**
23 **33418** Country **USA**
24 **33418** 25 **USA**
26 **SAME**
27 **N/A**
28 **SAME**
29 **FL** 30 **FL**

9. Name and Address of Current Registered Agent
**STEINBERG, JOE
2655 N. OCEAN DRIVE, 3RD FLOOR
SINGER ISLAND FL 33404**

10. Name and Address of New Registered Agent
B1 Name **Richard Steinberg**
B2 Street Address (P.O. Box Number is Not Acceptable)
2104 Bonise Cir
B3
B4 City **Palm Bch. Gardens FL** B5 Zip Code **33418**

11. Pursuant to the provisions of Sections 607.0532 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of registered agent in 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* **STEINBERG, RICHARD** 4/21/97
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STEINBERG, JOE	
STREET ADDRESS	2655 N. OCEAN DRIVE, 3RD FLOOR	
CITY-ST-ZIP	SINGER ISLAND FL 33404	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Richard Steinberg	
1.3 STREET ADDRESS	2104 Bonise Cir.	
1.4 CITY-ST-ZIP	Palm Bch. Gardens, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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 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 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 *[Signature]*

CR2E034 (9/96)