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Mar 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 388539 (9)

1. Corporation Name
WORLDCHECK, INC.

Principal Place of Business
% JACK I KETAY
STE 410, 12955 BISCAYNE BLVD.
NORTH MIAMI FL 33181

Mailing Address
% JACK I KETAY
STE 410, 12955 BISCAYNE BLVD.
NORTH MIAMI FL 33181



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 12955 BISCAYNE BLVD.
Suite, Apt. #, etc.
22 410
City & State
23 NORTH MIAMI FL
Zip Country
24 33181 25 DADE
2a. Mailing Address
26 12955 BISCAYNE BLVD.
Suite, Apt. #, etc.
27 410
City & State
28 NORTH MIAMI FL
Zip Country
29 33181 30 DADE

3. Date Incorporated or Qualified
09/17/1971
4. FEI Number
50-1366527
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
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DAVIS, MICHAEL S
2311 N. ANDREWS AVENUE
WILTON MANORS FL 33311

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	DAVIS, MICHAEL S	1.2 NAME	
STREET ADDRESS	1200 N.W. 101 WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	
TITLE	VST	2.1 TITLE	
NAME	STONE, JACK	2.2 NAME	
STREET ADDRESS	20350 W COUNTRY CLUB DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 and 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 as an attachment with an address

SIGNATURE *Michael S. Davis* 2/24/98 (305) 891-9740

CR2E034 (10/97)