## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address 8400 BAYMEADOWS WAY

JACKSONVILLE FL 32256-8248

SUITE 12

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90018 017 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F9400003466

Principal Place of Business

JACKSONVILLE FL 32256-8248

SIGNATURE:

8400 BAYMEADOWS WAY

SUITE 12

**NEWCHECK CORPORATION** 

					U// <u>U1/199</u> 4			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	L	Applied F	or
21		26		59 <u>-3249725</u>		Not Appli	cable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		.75 Addition		
27					5. Certificate of Status Bearied	<u></u>	ee Required	·
City & State City & State				6. Election Campaign Financing \$5.00 May			<b>5.00</b> May B	3e
23				Trust Fund Contribution Ac		dded to Fees	ŝ	
Zip	Country	Zip	Country		8. This corporation owes the current	year Intangible	9	
24	25	29 30			Personal Property Tax.	<b>E</b> Ye	s □No	
	9. Name and Address of Current		<del>'                                    </del>		10. Name and Address of New Reg	istered Agent		
			81	Name				
CT CORPORATION SYSTEM				Of the Address (D.O. Bay Number in Not Acceptable)				
1200 S. PINE ISLAND RD			Street Address (P.O. Box Number is Not Acceptable)					
PLANTATION FL 33324			83	83				
			84	City		FI 85	Zip Code	
						• —		
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above	e-named corp	oration submits this statement for the pur on's board of directors. I hereby accept the	pose of chang: re appointment	ing its registe Las registere	area ad
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of, Section 607.0505, Florida	Statutes		on's board of directors. Thereby decept a	то арропланон		_
		,						
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE; Re	gistered Ager	nt signature require	d when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIR	ECTORS IN	12
TITLE	С	☐ DELETE	1.1 TITLE	V.	CE PRESIDENT		hange 🖅	Addition
NAME	WILSON, THOMAS	1	1.2 NAME	5	ON STEVENSON			
STREET ADDRESS	ALCO BANKETOONIO WAY OUTE 40			13 STREET ADDRESS 8400 BAY MEADONS WAY, STE 12				
	JACKSONVILLE FL 32256	- ·-	1.4 CITY-S	T 20	TOKSONVILLE, FL 302	35/0		
CITY-ST-ZIP	DP DELETE		2.1 TITLE		RECTOR_		hange 🕡	Addition
TITLE			2.2 NAME			_	· –	
NAME	FRIES, DAVID C	** 40			LOW BALLONS WITH	STELA		
STREET ADDRESS	8400 BAYMEADOWS WAY, SUIT	E 12	· ·	ADDRESS 81	T = E 23	==-		
- CITY-ST-ZIP	JACKSONVILLE FL 32256		2.4 CITY-5	ST-ZIP	DACKGONVILLE, FL 32	<u> </u>		Addition
TITLE	<b> </b> \$	☐ DELETE	3.1 TITLE				nanye (47	Hadikiois
NAME	QUINLAN, JOHN		3.2 NAME	P	EANK KLEIN MILE	Cr= 12		
STREET ADDRESS	8400 BAYMEADOWS WAY, SUIT	E 12	3.3 STREE	TADDRESS 8	400 BAYMEADOWS WAY,	200		
CITY-ST-ZIP	JACKSONVILLE FL 32256		3.4. CITY-S	ST-ZIP	ACKSONVICLE, FL 322 DIRECTOR	356		
TITLE	D	☐ DELETE	4.1 TITLE	- 1	DIRECTOR	□c	hange 🕰	Addition
NAME	REIN, HARRY		4. 2 NAME	E	DIRECTOR RIAN GRAFF	<i>/ 1.</i>	_	
STREET ADDRESS	8400 BAYMEADOW WAY, SUITE	: 12		* -	11/4.	4,575 12	<del>&gt;</del>	
	JACKSONVILLE FL 32256	· • <del>-</del>	4.4 CITY-S	T. 7IP	YOU BAYMENDOUS WHO TACKGONVILLE, FL 3 DIRECTOR.	2756		
CiTY-ST-ZiP	VICE PRESIDENT	☐ DELETE	5.1 TITLE	··	DIRECTOR	<u> </u>	hange 👊	Addition
TITLE	JEDRY GABBARD	PODITION	5.2 NAME					
NAME !				TADDRESS S	PARIES YOUNG 1400 BAHMEADUUS WA	t, STE 1	<b>/</b>	
	Drou Primortions Wh	77-10-10		770	ACICSONVILLE, FL 32	7756		
CITY-ST-ZIP	JACKSONVILLE, FL 3		5.4 CITY-S	1-ZIP	HUICSON VILLE , TUSE		hongo 🗆	Addition
TITLE	VICE PRESIDENT	☐ DELETE	6.1 TITLE				thange	Addition
NAME	LARRY AXSOM	ADDITION	6.2 NAME					
STREET ADDRESS	8400 BAINEADONS WAY	, STE 12	6.3 STREE	TADDRESS				
CITY+ST-ZIP	DACKSONVILLE FL	32256	6.4 CITY-S					
	415 45 4 4 4 5 4 4 5 4 4 4 4 4 4 4 4 4 4	ALC FILE A ALCOHOLOGICAL MANAGEMENT	e exempt	ion stated in s	Section 119.07(3)(i), Florida Statutes. I fu	rther certify tha	at the informa	ation
indicated officer or Block 12	on this annual report or supplemental a director of the corporation or the receiv or Block 13 if changed or on an attach	annual report is true and accurate or or trustee empowered to execute preparation an address, with all of	e and tha cute this r her like e	t my signatur eport as requ mpowered.	e shall have the same legal effect as if mired by Chapter 607, Florida Statutes; an	age under oath id that my nam	i; that I am a le appears in	rii t