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PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 20 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F98000000886**

1. Corporation Name
SPOTCHECK CORPORATION

Principal Place of Business	Mailing Address
% DARYL B. CRAMER, P.A. 515 NORTH FLAGLER DRIVE, SUITE 910 WEST PALM BEACH FL 33401-4325	% DARYL B. CRAMER, P.A. 515 NORTH FLAGLER DRIVE, SUITE 910 WEST PALM BEACH FL 33401-4325

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/13/1998

4. FEI Number
65-0807166
[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired [X] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [X] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt #, etc 22	Suite, Apt # etc 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DARYL B. CRAMER, P.A.
515 NORTH FLAGLER DRIVE, SUITE 910
WEST PALM BEACH FL 33401-4325

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required by law)

12. OFFICERS AND DIRECTORS		
TITLE	PCST	[ ] DELETE
NAME	BERNBAUM, RONALD L	
STREET ADDRESS	2235 SHEPPARD AVE EAST, #904, NORTH YORK	
CITY-ST-ZIP	ONTARIO M2J 5B5 CANADA	
TITLE	D	[X] DELETE
NAME	MAYNARD, CARL	
STREET ADDRESS	7850 NW 146TH STREET SUITE 308	
CITY-ST-ZIP	MIAMI FL 33016	
TITLE	D	[ ] DELETE
NAME	SCHWARTZ, RICHARD	
STREET ADDRESS	7850 NW 146TH STREET SUITE 308	
CITY-ST-ZIP	MIAMI FL 33016	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
11 TITLE	P/C/S/T/D	[X] Change	[ ] Addition
12 NAME	BERNBAUM, RONALD L.		
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE	D	[ ] Change	[X] Addition
22 NAME	MARENZI, GARY		
23 STREET ADDRESS	2235 Sheppard Ave East, #904		
24 CITY-ST-ZIP	ONTARIO M2J 5B5 Canada		
31 TITLE	D	[ ] Change	[X] Addition
32 NAME	DAVIS, COLIN P.		
33 STREET ADDRESS	2235 Sheppard Ave East, #904		
34 CITY-ST-ZIP	Ontario M2J 5B5 Canada		
41 TITLE	D	[ ] Change	[X] Addition
42 NAME	GOLDBERG, ALAN		
43 STREET ADDRESS	2235 Sheppard Ave East, #904		
44 CITY-ST-ZIP	Ontario M2J 5B5 Canada		
51 TITLE		[ ] Change	[ ] Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		[ ] Change	[ ] Addition
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

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CR2E034 (11/98)

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 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, with all other like empowered.

SIGNATURE: R Bnt 4/14/99 954-222-1381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #