SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # G79837 THE CHECKMARK COMPANY, INC. Principal Place of Business Mailing Address 205 SO HOOVER STR 11713 PHOENIX CIR STE 201 TAMPA FL 33618-3627 TAMPA FL 33609 IIS 3. Date Incorporated or Qualified 3a. Date of Last Report 01/23/1984 04/19/1995 Principal Place of Business 2a. Mailing Address 4. FEI Number 21 Applied For 26 59-2367034 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liab lity for intangible tax under s 199.032.

Florida Statutes Yes No 24 25 29 **3**0 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent BREHENEY, RICHARD R1 Name 11713 PHOENIX CIRCLE Street Address (P.O. Box Number is Not Acceptable) 82 **TAMPA FL 33618** 83 84 City 85 Zip Code 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. SIGNATURE many MICHARD BLEHGUE of registered agent and titl 12, OFFICERS AND DIRECTORS 13. ADDITIONS/CHÂNGES TO OFFICERS AND DIRECTORS IN 12 (36/8)TITLE DELETE 1.1 TITLE Change BREHENEY, RICHARD NAME 1.2 NAME 11713 PHOENIX CIRCLE CR2E034 STREET ADORESS 1 3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 1 4 CITY - ST - ZIP TITLE DELETE 2.1 TITLE Change Addition BREHENEY, EDWARD J. NAME 2.2 NAME 330 WEST WILDER AVE. STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL CITY - ST - ZIP 2 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3 4. CITY - ST- 7IP TITLE DELETE 41 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4 4 CITY - ST - ZIP TITLE DELETE 5 1 THILE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5 4 CITY - ST - ZIP TITLE DELETE 6 1 TITLE Change ____ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. To bereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 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 trus report as required by Chapter 617. Florida Statutes; and that my name appears in Block 13 if changed own an attachment with an address. 64 CITY - ST - ZIP SIGNATURE: elku