

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90026 008 ***600.00
 08-17-1999 90011 028 *****8.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H47041			
1. Corporation Name THE FISCAL CHECK-UP, INC.			
Principal Place of Business 601 SOUTH BOULEVARD 2ND FLOOR TAMPA FL 33606-2677 US		Mailing Address 601 SOUTH BOULEVARD 2ND FLOOR TAMPA FL 33606-2677 US	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date Incorporated or Qualified 03/08/1985	
2a. Mailing Address		4. FEI Number 59-2511322	
21. Suite, Apt. #, etc.		Applied For Not Applicable	
22. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. Country		9. Name and Address of Current Registered Agent	
26. Zip		10. Name and Address of New Registered Agent	
27. City & State		81. Name	
28. Zip		82. Street Address (P.O. Box Number is Not Acceptable)	
29. Country		83.	
30. Country		84. City	
31. Zip		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 _____			
12. OFFICERS AND DIRECTORS			
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	CASWELL, JOHN B.		
STREET ADDRESS	3435 BAYSHORE BLVD, #1500		
CITY-STATE-ZIP	TAMPA FL		
TITLE	VS	<input type="checkbox"/> DELETE	
NAME	CASWELL, HEATHER L.		
STREET ADDRESS	3435 BAYSHORE BLVD, #1500		
CITY-STATE-ZIP	TAMPA FL		
TITLE	T	<input type="checkbox"/> DELETE	
NAME	RORRER, STEVEN M		
STREET ADDRESS	3821 SAN PEDRO STREET		
CITY-STATE-ZIP	TAMPA FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-STATE-ZIP			
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-STATE-ZIP			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-STATE-ZIP			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-STATE-ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-STATE-ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-STATE-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 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: STEVEN M. RORRER 1-15-99 (813) 251-9449
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER FOR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)