FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

K18977

(4)

DOCUMENT # 1. Corporation Name

CHEEK MAHINE SERVICES, INC.									
Principal Place of Business Mailing A	Address				***************************************	************	****	*****	
SARASOTA FL 34236 46 N.	IOHN STRICKLAND WASHINGTON BLVD. SU	ITE 1							
US SARAS US	SARASOTA FL 34236 US				3. Date Incorporated or Qualified 3a. Date of Last Report 03/24/1988 04/28/1995				
2. Principal Place of Business 2a. Mailin 26	ng Address				4. FEI Number 65-0037970		h	Applied For Not Applicable	
	e, Apt. #, etc.				5. Certificate of Status Desired			Additional Required	
	& State				Election Campaign Financing Trust Fund Contribution			May Be	
Zip Country Zip	Zip Country				8. This corporation has liability for i				
25 29		30		1	Florida Statutes Yes 10. Name and Address of New R		nnt -		
g. Name and Address of Current Registered	Agent	81	Name		10. Name and Address of New R	egistered Ag	ent		
ATRICIO AND TOTAL		61							
STRICKLAND, JOHN 46 N. WASHINGTON BLVD.			Stree	t Address	(P.O. Box Number is Not Acceptab	le)			
SUITE #1		83							
SARASOTA FL 34236		84	City			FL	85 Zip	o Code	
Pursuant to the provisions of Sections 607,0502 and 607,150 or registered agent, or both, in the State of Florida. Such char familiar with, and accept the obligations of, Section 607,0505, SIGNATURE Signature. Speed or printed name of registered agent and title 4 applicable.	nge was authorized by th , Florida Statutes.	e corp	oration	's board o	of directors. I hereby accept the apport	DATE	gisteraa	agent. I am	
12. OFFICERS AND DIRECTORS		3.			ADDITIONS/CHANGES TO OFF				
TITLE PSTD	☐ DELETE 1.	1 TITLE				Ц	Change	🔀 Addition	
NAME KILDAHL, STEPHEN		2 NAME							
STREET ADDRESS 1107 CENTRAL AVENUE			ADDRESS	S		21/22	,		
SARASOTA FL		4 CITY - S	TQIP)	<u> </u>		3423	Change	Addition	
TITLE	_	1 TITLE					Unango	☐ Modulou	
IAME		2 NAME 2 OTOGGT	ADDOCCO						
STREET ADDRESS		3 SINEEI 4 CITY-S	ADDRESS	3					
CITY - ST - ZIP		1 THILE	11-215	-			Change	Addition	
KAME		2 NAME							
STREET ADDRESS	3	3. STREE	F ADDRES	ss					
CITY - ST - ZiP	3	4 DITY-S	T - Z1P						
TITLE	☐ DELETE 4	1 TITLE					Change	■ Addition	
NAME	4	2 NAME							
STHEET ADDRESS	4	3 STREET	ADORES	is					
CITY-ST-ZIP		4 CITY-S	T-ZIP				Chanca	D Addition	
ITILE		1 TITLE				L	Chançe	☐ Addition	
AWE		2 NAME	10000						
STREET ADDRESS			ADORES	2					
CITY-ST-ZIP		4 CITY - S 1 TITLE	51-Z0'				Change	Addition	
TITLE	_	2 NAME				J			
NAME COURCE ADDRESS			ADDRES	s					
STREET ADDRESS		POHILL		~					
CHY-ST-ZIP		4 CITY-S	T-7IP	1					

4-24-96 STEPHEN P. KILDAHL 425/96 941-365-6919
PRICER OR DIRECTOR SIGNATURE:

CR2E034 (12/95)