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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K87050

FAST CHECK OF FLORIDA, INC.

(6)

FILED Feb 17 1997 8:00am Secretary of State

Principal Place of Business 1020 LEE RD ORLANDO FL 32810 US		Mailing Address 1020 LEE RD ORLANDO FL 32810-5812 US							
						 Date Incorporated or Qualified 05/02/1989 		te of Last 4/1996	
2. Principal P	lace of Business	2a. Mail	ng Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4. FEI Number	,,	,	Applied For
21		26				59-2947403			Not Applicable
Suite, Apt. #, etc.		<u>├</u> ──¬	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	6	······	& State			6. Election Campaign Financing			O May Be
23		28				Trust Fund Contribution	Π.		U may be d to Fees
Zιρ	Country	Zip	,———,———,—————————————————————————————	Count	y	B. This corporation has liability for it	ntangible i		
24	25	29		30		Florida Statutes	Yes [] No	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
<u> </u>	9. Name and Address of Curre		Agent			10. Name and Address of New Re	istered A	gent	
MAC	ARTHUR, ALLEN J.			8	Name				
	BRIARWOOD DRIVE			ā	Stroot Ad	dress (P.O. Box Number is Not Acceptab	io)		
	TER PARK FL 32789		•	°	2 Street Add	dress (F.O. box Number is Not Accepted	ie)		
****				8	3			***************************************	*** · · · · · · · · · · · · · · · · · ·
					***************************************			Ta-1 40	. 0-4-
				8	4 City		FL	85 Zij	p Code
agent. La SIGNATURE	egistered agent, or boin, in the Stat m (amiliar with, and accept the oblig Signature, typed or prined name of registered ag					ation's board of directors. I hereby accep	DATE	oriunein e	is redistered
12.		ND DIRECTOR		13.		ADDITIONS/CHANGES TO OFFIC		DIRECTO	ORS IN 12
TITLE	P		DELETE	1.1 TITLE				Change	***************************************
NAME	MACARTHUR, MARY			1.2 NAM	: \				
STREET ADORESS	456 BRIARWOOD DRIVE				ET ADDRESS				
City-St-ZIP	WINTER PARK FL			1.4 CITY					
TITLE	V		DELETE	2.1 TITUE		ed ITECA.	······	Change	a Addition
NAME	MACARTHUR, ALLEN J.			2.2 NAM	-	-4//			
STREET ADDRESS	456 BRIARWOOD DR.			1 "	ET ADDRESS				
City-St-7/P	WINTER PK FL			2. 4 CITY	· \	ا ا			
TITLE	V			3.1 T/TLE			1	Change	Addition
NAME	MACARTHUR, MARY K.			3.2 NAM	· E		* ₁₉₉		
STREET ADDRESS	456 BRIARWOOD DR.				et adores:				
City-S1-ZIP	WINTER PK FL			1	-ST-ZIP				
TITLE			DELETE	4.1 TITLE			-	Change	e Addition
NAME				4. 2 NAM					
STREET ADDRESS					ET ADDRESS				
CITY-ST-ZIP				4.4 CITY					
TIFLE			DELETE	51 TITLE				Change	e 🔲 Addition
NAME				5.2 NAM					
STREET ADDRESS					et address				
				1	'				
CITY-S1-7 P			DELETE	5.4 CITY 6.1 TITLE				Change	e Addition
								and winding	· Emprison(ibi)
NAME				6.2 NAM					
STREET ADDRESS					ET ADDRESS				
CITY - ST- ZIP	1			■ 64 CITY	- ST7IP				

14. I do 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.

SIGNATURE: