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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90007 024 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N26210

1. Corporation Name

HOUSE CHECK AUXILIARY, INC.

Principal Place of Business

C/O LT TOM GLEASON
4700 W MIDWAY RD
FT PIERCE FL 34981
US

Mailing Address

C/O LT TOM GLEASON
4700 W MIDWAY RD
FT PIERCE FL 34981
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/02/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		23-7448344	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution <input type="checkbox"/>	
24		29		30	

9. Name and Address of Current Registered Agent

SCRIBNER, BRIAN
4700 W. MIDWAY ROAD
FT PIERCE FL 34981

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

[Signature]
(NOTE: Registered Agent signature required when reinstating)

3-13-99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOOZER, JAMES	1.2 NAME	
STREET ADDRESS	4409 PRESSLER LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE FL	1.4 CITY-ST-ZIP	
TITLE	DP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANKINS, JIMMY	2.2 NAME	Lori Emerson
STREET ADDRESS	1438 S.W. PATRICIA AVE	2.3 STREET ADDRESS	1850 LAKE CIRCLE
CITY-ST-ZIP	PORT ST. LUCIE FL 34953	2.4 CITY-ST-ZIP	FT PIERCE FL 34945
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EMERSON, LORI	3.2 NAME	George Cirillo
STREET ADDRESS	1850 LAKE CIRCLE	3.3 STREET ADDRESS	1920 MIMOSA AVE
CITY-ST-ZIP	FT. PIERCE FL 34945	3.4 CITY-ST-ZIP	FT PIERCE FL 34949
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSONI, FRED	4.2 NAME	REILLY BARNES
STREET ADDRESS	590 N.W. FLORESTA DRIVE	4.3 STREET ADDRESS	4040 SUNRISE BLVD
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	4.4 CITY-ST-ZIP	FT PIERCE FL 34982
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARNES, REILLY	5.2 NAME	George Williams
STREET ADDRESS	4040 SUNRISE BLVD	5.3 STREET ADDRESS	8590 HIDDEN PINES DR
CITY-ST-ZIP	FT PIERCE FL 34983	5.4 CITY-ST-ZIP	FT PIERCE FL 34945
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RATLIFF, WAYNE	6.2 NAME	
STREET ADDRESS	4909 SEA GRAPE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	6.4 CITY-ST-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 617, 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-99

Date

561-465-0670

Daytime Phone #

CR2E037 (11/98)