


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001720 (9)**

1. Corporation Name

CHECKERS NATIONAL PRODUCTION FUND, INC.



Principal Place of Business 600 CLEVELAND STREET 8TH FLOOR CLEARWATER FL 34615	Mailing Address 600 CLEVELAND STREET 8TH FLOOR CLEARWATER FL 34615-4151
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3. Date Incorporated or Qualified 03/29/1996	3a. Date of Last Report
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 58-2051008	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324
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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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	DIMARCO, ALBERT J
STREET ADDRESS	600 CLEVELAND STREET, SUITE 8
CITY-ST-ZIP	CLEARWATER FL 34615
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	KINSEY, KEITH
STREET ADDRESS	600 CLEVELAND STREET, SUITE 8
CITY-ST-ZIP	CLEARWATER FL 34615
TITLE	D <input type="checkbox"/> DELETE
NAME	HOLDER, JAMES T
STREET ADDRESS	600 CLEVELAND STREET, SUITE 8
CITY-ST-ZIP	CLEARWATER FL 34615
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/COO/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FORTMAN, RICHARD E.
1.3 STREET ADDRESS	600 CLEVELAND STREET, 8TH FLOOR
1.4 CITY-ST-ZIP	CLEARWATER, FL 34615
2.1 TITLE	EX VP/CEO/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	STEIN, JOSEPH N.
2.3 STREET ADDRESS	600 CLEVELAND STREET, 8TH FLOOR
2.4 CITY-ST-ZIP	CLEARWATER, FL 34615
3.1 TITLE	SR. VP/GEN COUN/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BECK, WENDY A.
4.3 STREET ADDRESS	600 CLEVELAND STREET, 8TH FLOOR
4.4 CITY-ST-ZIP	CLEARWATER, FL 34615
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____

CR2E037 (9/96)