

FILE NOW: FILING FEE IS \$61.25

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May 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam 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
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3. Date Incorporated or Qualified 03/29/1996	
4. FEI Number 58-2051008	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 33755	29 33755
25 Country	30 Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input 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
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	PCOD FORTMAN, RICHARD 800 CLEVELAND STREET, SUITE 8 CLEARWATER FL
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VPCD STEIN, JOSEPH N 600 CLEVELAND STREET, SUITE 8 CLEARWATER FL
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	VPSD HOLDER, JAMES T 600 CLEVELAND STREET, SUITE 8 CLEARWATER FL
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	TD BECK, WENDY A 600 CLEVELAND ST, 8TH FLOOR CLEARWATER FL
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President/Director
1.2 NAME	Gillespie, James J.
1.3 STREET ADDRESS	600 Cleveland St., 8th Floor
1.4 CITY-ST-ZIP	Clearwater, FL 33755
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: Wendy A Beck, Treasurer Wendy A Beck 4/18/98 (B.B.) 298-2014  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0052448

CR2E037 (10/97)