FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED May 18 1998 8:00am Secretary of State

| CHECKERS ADVERTISING COOPERATIVE ASSOCIATION OF CHICAGO, INC. | | | | | | | | | | |
|---|---|---|----------------------|--|---------------|--|--------------------|--------------------------------------|---|------------|
| Principal Place of Business | | | | Mailing Address | | | | | - I HADINIAL BLA TALLA DILLI DOLLI BOLLI DOLLI OFILI OFILI ALGU DALBI OLIBI OLIBI OLIBI OLIBI | |
| 800 CLEVELAND STREET 8TH FLOOR CLEARWATER FL 34615 | | | BTH | 800 CLEVELAND STREET BTH FLOOR CLEARWATER FL 34615 | | | | | 3. Date Incorporated or Qualified 08/02/1996 4. FEI Number 59-3439404 Applied For | |
| 2. Principal Place of Business | | | | 2a. Mailing Address | | | | | APPLIED FOR Not Applicab 5 Certificate of Status Desired \$8.75 Additional | le |
| 21 | n | | | 26 | | | | | 5. Certificate of Status Desired Fee Required | j |
| Suite, Apt. #, etc. | | | <u> </u> | Suite, Apt. #, etc. | | | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | |
| City & State | | | | City & State | | | | | 7. Is this nonprofit corporation a homeowners association? | \exists |
| 23 | Country | | | 28 | | | | | ☐ Yes ☐ No | 4 |
| Zip | سيعر | Country | | L_ · L_ | | | Country | | 8. This corporation owes or has paid the current year Intangible | |
| 24 3375 | 9, Name and Address of Current Registered Agent | | | 33755 | 30 | | | | Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent | { |
| a. Maine and Address of Curtain Registered Agent | | | | | | | Name | | 10. Name and Address of New Registered Agent | 7 |
| C T COF | | | 82 Street Addr | | | ss (P.O. Box Number is Not Acceptable) | ┪ | | | |
| 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | | | | | | | | | \dashv |
| | | | | | | | 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 _ | Signature, typed | or printed name of registere | d agent and title if | applicable. (NC | TE: Registere | d Aper | 11 signatura | required | d when reinstating) DATE | ~ • |
| 12. | OFFICERS AND DIRECTORS | | | | 13, | | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | 7 |
| TITLE | PCOD | | | ⊠ DELETE 1. | | | 1.1 TITLE P | | esident/Director Bichange [] Addition | in S |
| NAME | FORTMAN, RICHARD E. | | | | | | 12 NAME Ra | | agen, Thomas | Į |
| STREET ADDRESS | | | | H FLOOR 1.35 | | | ADDRESS | 10512 Galf Read | | 18 |
| CITY-ST-ZIP | CLEARWATER FL | | | | | 1.4 CITY-ST-ZIP | | \bigcirc | cland Park IL 60462 | |
| TITLE | SOVP | | | DELETÉ | 2.1 T | 2.1 TITLE | | 750 | easurer/Director & Change Addition | n C |
| NAME | HOLDER, JAMES T 600 CLEVELAND STREET, 8TH | | | _ | 2.2 N | S NAME \ | | ω | lessenger, Lerou | - } |
| STREET ADDRESS | | EVELAND STREET, VATER FL | 81H FLOO | | | | | | an warden Office Squarke SSX | <u>ا</u> د |
| CITY-ST-ZIP | VPCO | TATEN FL | | | | | | | baumbers 11 bold 3 | _ |
| NAME | | JOSEPH N. | DCLETC | 31 N | |). | P | | " } | |
| | STREET ADDRESS 600 CLEVELAND STREET, 8TH FLOOR | | | | 33 ST | | | 10 | der, James socieveland St, 8th Floor | - } |
| CITY-ST-ZIP | CLEARY | | 3.4.0 | | | · · ·] | 0 | hearingten, FL 38755 | 1 | |
| TITLE | TD | | DELETE | 4.1 11 | | | ٣. | aretary Director A Change Addition | 'n | |
| HAME | BECK, WENDY A. | | | | 4.21 | 4, 2 NAME | | | CHECKIN UNEUTCH | |
| STREET ADDRESS | | EVELAND ST., 8TH | I FLOOR | OOR 4.3 | | | 4.3 STREET ADDRESS | | rimes Michelle 00 Cleveland St, 8th Floor | |
| CITY-ST-ZIP | CLEARY | VATER FL | | | | | r-ZIP | <u>cs</u> | rearwater FL 33765 | |
| TITLE | | | | ☐ DELETE | 5.1 T | TLE | | | ☐ Change ☐ Addition | in |
| NAME | | | | | 5.2 N | AME | ļ | | | - } |
| STREET ADDRESS | | | | | 5.3 S | TREET A | address | | | |
| CITY-ST-ZIP | | | | _ | | ITY-ST | -ZIP | | | _ |
| TITLE | | | | ☐ DELETE | 6.1 TI | TLE | 1 | | Change Addition | m |
| NAME | | | | | 6.2 N | | Í | | | 1 |
| STREET ADDRESS | | | | | 6.3 S | TREET A | adoress | | | 1 |
| CITY-ST-ZIP | mortific all mar al- | - 124 W | ad a side about 410 | | | TY-ST | | a 1 5 |) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | _ |
| indicated : | on this annu | ie information supplied lat report or supplied | ental annual | report is true and ac | curate an | d tha | t my sign | u in Si Nature | Section 119.07(3)(i), Florida Statutes. I further certify that the information is shall have the same legal effect as if made under oath; that I am an | ' |

Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: