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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED May 14 1998 8:00am Secretary of State

DOCUMENT # P94000014081 (1) 1. Corporation Name BUSINESS CHEK, INC.  Principal Place of Business  Mailing Address					
1644 HAWTHORNE STREET SARASOTA FL 34239		1644 HAWTHORNE STREET Sarasota Fl. 34239			
	·			DO NOT WRITE IN TH  3. Date Incorporated or Qualified	IS SPACE
		•		02/17/1994	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Sulte, Apt.	#. elc.	Suite, Apt. #, etc.		65-0472115	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	е	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country	Zip	Country	Trust Fund Contribution	Added to Fees
24	25	29	30	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible  Yes W No Mark
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registere	
184 SA	inkle, sheila b 44 hawthorne street Ra <b>s</b> ota fl 34239	٠.	83 84 City	dress (P.O. Box Number is Not Acceptable)	
SIGNATURE	Signature typod or printed name of registered an	pent and title if applicable and	OTE Registered Agent's gnature rec		
12. TITLE	OFFICERS AN	ND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12  Change Addition
NAME	DUNKLE, SHEILA B	<del></del>	1.2 AME		
STREET ADDRESS	1644 HAWTHORNE STREET		1.3 REET ADDRESS		
CITY-ST-ZIP	\$ARASOTA FL 34239	DELETE	1.4 TY-ST-ZIP 2.1 LE		
TITLE NAME			2.2 ME		Change Addition
STREET ADDRESS			2.3 REFT ADDRESS		
CITY-ST-ZIP			2. Y-ST-ZIP		
TITLE		DELETE	3.10 E 3.2 ME		Change Addition
NAME Street address			3.2 ME 3.3 HEFT ADDRESS		
CITY-ST-ZIP			3.4. TY-ST-ZIP		
TITLE		☐ DELETE	4.1 LE		Change Addition
NAME			4. 2 AME		
STREET ADDRESS City-St-Zip			4.3 SHEET ADDRESS 4.4 dy-sy-zip		
TITLE		☐ DELETE	5.1 TLE		Change Addition
NAME			5.2 <b>/</b> ME		
STREET ADDRESS			5.3 REET ADDRESS		
CITY-ST-ZIP		Deceme	5.4 CPY - ST - ZIP	/	
TITLE		☐ DELETE	6.1 ME		Change Addition
NAME			6.2 NME		
STREET ADDRESS			6.3 SEET ADDRESS		
CITY-\$T-ZIP	certify that the information supplied v	with this filing does not qualify	6.4 07-ST-ZIP for the exhiption stated in	Section 119.07(3)(i), Florida Statutes. I further	certify that the information

14. Thereby certify that the information supplied with this filing does not qualify for the exciption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate anthal 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 is report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of on an attachment with an address.

CICNIATURE.

Blunde

Sheila B. Dunkle

4/27/98

941-272-1244