


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

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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90165 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000014081					
1. Corporation Name BUSINESS CHEK, INC.					
Principal Place of Business 1644 HAWTHORNE STREET SARASOTA, FL 34239			Mailing Address 1644 HAWTHORNE STREET SARASOTA FL 34239		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 4210 Breezeway Blvd		26 P.O. Box 15511		02/17/1994	
Suite, Apt. #, etc. 22 # 424		Suite, Apt. #, etc. 27		4. FEI Number 65-0472115	
City & State 23 SARASOTA, FL		City & State 28 SARASOTA, FL		Applied For <input type="checkbox"/> Not Applicable	
Zip 24 34238		Country 25 US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 29 34277		Country 30 US		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
DUNKLE, SHEILA B 1644 HAWTHORNE STREET SARASOTA FL 34239				81 Name Sheila Belknap (name change)	
				82 Street Address (P.O. Box Number is Not Acceptable) 4210 Breezeway Blvd	
				83 # 424	
				84 City SARASOTA FL 85 Zip Code 34238	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.					
SIGNATURE Sheila Belknap DATE 3/10/99					
(NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE President - P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add					
1.2 NAME Sheila Belknap					
1.3 STREET ADDRESS 4210 Breezeway Blvd #424					
1.4 CITY-ST-ZIP SARASOTA, FL 34238 <input type="checkbox"/> Change <input type="checkbox"/> Add					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Add					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Add					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Add					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Add					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					



DO NOT WRITE IN THIS SPACE

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 607, 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: **Sheila Belknap** **3/10/99** **941-927-3616**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #