FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996

SIGNATURE:



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000027746 (4)

CHECKERS LAUDER DALE REALTY CORP

Principal Place	of Business		Mailing Address				_			
4435 (OLD WINTER GAR	ED EN ED	44 <i>35 0</i> LD	WINTE	R6	ARDENA	$ \mathcal{Q} $			
	0 FL 32802		ORLANDO F	L 328	02		1			
01/-1					-		3. Date Incorporated or Qualified	3a. Date of Last I	Doord	
							04-12-94	Date of Last F	парси	
2. Principal Pla	ace of Business		2a. Mailing Address				4. FEI Number		Applied F	
21			26				65-0492354	<u> </u>	Not Apple	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					_ \$8.7	5 Addition	
22			27				5. Certificate of Status Desired	1	Required	
City & State			City & State				6. Election Campaign Financing	\$5.0	00 May B	
23			28	,			Trust Fund Contribution	Adde	ed to Fees	
Zip	Country		Zip	├ ──¬	ountry	'	8. This corporation has liability for		199.032	
9. Name and Address of Curre			29 30				Florida Statutes Yes MrNo 10. Name and Address of New Registered Agent			
					B1	Name	10. Name and Address of New F	egistered Agent		
XL CORPORATE SERVICES INC.					Ľ	1100110				
4435 OLD WINTER GARDEN E			NED	82 Street Add			dress (P.O. Box Number is Not Acceptable)			
ORLANDO FL 32802					83	ļ 				
0,,0,,,	120 1 - 320	02				ļ.,				
•					84	City		E1 85 Z	To Code	
11. Pursuant t	to the provisions of Section	s 607 0502 an	d 607 1508, Flooda Sia	tintes the a	bove	lanved coor	oration submits this statement for the pu	mage of charging its	racistered	
or registeri	ed agent, or both, in the S th, and accept the obligation	tate of Fiorica.	Such change was built	onzea by th	e corp	oration's boa	ard of directors. I hereby accept the app	ointment as registered	d agent. I :	
•	gr, and accept the congain	JIIIS OF SECTION	tor.cood, Florida State	nes.						
SIGNATURE _	Signature, typed or provided naurie of	registrated agont and	tille if acquireable.	(NOTE: Propisio	red Ager	nt signature regue	ed when reinstatings	DATE		
12.		FICERS AND D	RECTORS	13).		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	ORS IN 12	
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64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)kl). Florida Statutes. I furth 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 un 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 nan appears in Block 12 or Block 13 if ghanged, or on an attachment with an address.

TEO NAME OF SKINNIG OFFICER OR DIRECTOR

***225.00

Online Phone & Off