## 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

DOCUMENT # P9400027746 (4)

CHECKERS LAUDERDALE REALTY CORP.

ONEO	NCHO ENODENDALE NEAL	. I I OOHF			
Principal Plac	ce of Business	Mailing Address			1 1001/1691 110 1011/1 0101/1 011/1 001/1 001/1 001/1 101/1 100/1 100/1 100/1 01/1 100/1
20801 BISC		20801 BISCAY			
455	NINE OLID	455	it pero		
AVENTURA FL 33180 AVENTURA FL 33180			33180		DO NOT WRITE IN THIS SPACE
US		U\$			3. Date Incorporated or Qualified
2. Principal F	Place of Business	2a. Mailing Add	7899		04/12/1994 4. FEI Number Applied For
21		26			65-0492354 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #	, etc.		\$8.75 Additional
22		27	27		5. Certificate of Status Desired Fee Required
		City & State			6. Election Campaign Financing \$5.00 May Be
23		28			Trust Fund Contribution Added to Fees
Zip	Country	Zip		untry	8. This corporation owes or has paid the current year intangible
24	25	29	30	····	Personal Property Tax due June 30. Yes You
	9. Name and Address of Cur-	<u></u>		81 Name	10. Name and Address of New Registered Agent
XL CORPORATE SERVICES INC.				81 Name	
4435 OLD WINTER GARD ROAD Orlando Fl 32811				82 Street A	Address (P.O. Box Number is Not Acceptable)
				83	
				53	
				84 City	FL 85 Zip Code
agent. I i	am familiar with, and accept the ob-				oralion's board of directors. I hereby accept the appointment as registered
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	<b>∠</b> D	ELETE 1.1 T	ITLE	☐ Change ☐ Addilion
NAME	BREGER, EDWARD E		1.2 N	IAME	
STREET ADDRESS		E. 1010	1.3 \$	TREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022			ITY - ST - ZIP	
TITLE		LJD			☐ Change ☐ Addition
NAME			2.2 N		Cleeman, Paul
STREET ADDRESS				TREET ADDRESS	DOSOI BISCATAR BIND , HYEE
CITY-ST-ZIP	<u> </u>			CITY-ST-ZIP	
TITLE		U			Phramson, Danie!
NAME			32 N		
STREET ADDRESS				TREET INDRESS	On Cat. But some a Olivair - THEE
CITY-ST-ZIP TITLE	1			1	20 601 BISCAYNE Blue, #455
mee		Пъ	3.4. 0	CITY-ST-ZIP	Aventura, FL 33180
NAME		□] 0	3.4. C ELETE 4.1 To	CITY-ST-ZIP ITLE	
NAME CTREET ADDRESS			3.4. C ELETE 4.1 TI 4. 2 P	CITY-ST-ZIP ITLE NAME	Aventura, FL 33180
STREET ADDRESS		□ D	3.4 C ELETE 4.1 TI 4. 2 A 4.3 S	CITY-ST-ZIP  ITLE  NAME  TREET ADDRESS	Aventura, FL 33180
STREET ADDRESS CITY-ST-ZIP			34 C ELETE 4.1 TI 4.2 N 4.3 S 4.4 C	CITY-ST-ZIP  ITLE  NAME  TREET ADDRESS  ITY-ST-ZIP	Aventura, FL 33180 Change Addition
STREET ADDRESS			34 C ELETE 4.1 TI 4.2 N 4.3 S 4.4 C	CITY-ST-ZIP ITLE VAME TREET ADDRESS ITY-ST-ZIP ITLE	Aventura, FL 33180 Change Addition

14. Thereby 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 different 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 conformation or the row even or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 lightnood, or on any particular true and different same legal effect as if made under oath; that I am an officer or director of the conformation with all address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 City-S1-Zip

5.4 CITY - ST - ZIP

6.1 TITLE 6.2 NAME

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

P

1/27-17 (NOT) 953-4546

Change

Addition

**FILED** 

May 21 1998 8:00am

Secretary of State