FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 24 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000031048 (9)**

1. Corporation Name

CROSS-CHECK SERVICES, INC.

Principal Place of Business	Mailing Address
1860 NORTH PINE ISLAND SUITE 117 PLANTATION FL 33322	1860 NORTH PINE ISLAND SUITE 117 PLANTATION FL 33322

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/22/1994
3a. Date of Last Report:

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27): P.O. Box 816324

City & State (23):
City & State (28): Hollywood, FL.

Zip (24): Country (25):
Zip (29): 33081 Country (30): U.S.A

4. FEI Number: 65-0485182 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	Vice President - Delete ☒ Change ☐ Addition
NAME	~~REISER, JACQUELINE B~~	12 NAME	Jacqueline B. Reiser
STREET ADDRESS	1860 NORTH PINE ISLAND, STE. 117	13 STREET ADDRESS	1860 N. Pine Island Rd. Ste. 117
CITY-ST-ZIP	PLANTATION FL 33322	14 CITY-ST-ZIP	Plantation FL. 33322
TITLE	D	21 TITLE	Secretary - Delete ☒ Change ☐ Addition
NAME	~~REISER, BETTY~~	22 NAME	Delete Betty Reiser
STREET ADDRESS	1860 NORTH PINE ISLAND, STE. 117	23 STREET ADDRESS	1860 N. Pine Island Rd. Ste. 117
CITY-ST-ZIP	PLANTATION FL 33322	24 CITY-ST-ZIP	Plantation, FL. 33322
TITLE	D	31 TITLE	Vice President/Treasurer ☐ Change ☒ Addition
NAME	KISIEL, RICHARD	32 NAME	Richard Kisiel
STREET ADDRESS	1860 NORTH PINE ISLAND, STE. 117	33 STREET ADDRESS	1860 N. Pine Island Rd. Ste. 117
CITY-ST-ZIP	PLANTATION FL 33322	34 CITY-ST-ZIP	Plantation, FL. 33322
TITLE	D	41 TITLE	President/Secretary ☐ Change ☒ Addition
NAME	BRAUNSCHWEIGER, ELLEN	42 NAME	1860 N. Pine Island Rd. Ste. 117
STREET ADDRESS	1860 N. PINE ISLAND ROAD, SUITE 117	43 STREET ADDRESS	Ellen Braunschweiger
CITY-ST-ZIP	PLANTATION FL 33322	44 CITY-ST-ZIP	Plantation, FL. 33322
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Ellen Braunschweiger Ellen Braunschweiger 800-345-2015 4/19/95
SIGNATURE AND TYPED OR PRINTED NAME OF INCOMING OFFICER OR DIRECTOR — Daytime Phone #

OP