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 # P94000031048 (9)

CROSS-CHECK SERVICES, INC.

FILED May 05 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address				e immermen sim emiet delte dater Karie	/ 48 111 49198 111 9) 12	#11 # 8111 #1	TEAL COST FAMIL	
3437 BUCHANAN ST P.O.BOX B16324						DO NOT WRITE IN THIS SPACE				
US						 Date Incorporated or Qualified 04/22/1994 				
21 678	3 N. Dixie Hwy. 2					4. FEI Number 65-0485182		No	plied For t Applicable	
Suite, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired	<u> </u>	8.75 A Fee Re	Additional quired	
City & Stat	IVWOOD. TL [2	City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added to		
Zip 33	OAO Country	<i>Ζ</i> ιρ 9	Countr	у		8. This corporation owes or has p Personal Property Tax due Jun			angible] No	
	9, Name and Address of Current Re	gistered Agent				10. Name and Address of New R	egistered Ager	nt		
	iraunschweiger, ellen 1487-buchanan –		81		E	llen Braunsol	weige	<u>35</u>		
ير ا	1011-7000 FL-93021		82	Street A	Addres	s (P.O. Box Number is Not Accepte	iple) H'C			
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			84	7	<u>10</u> 5	llywood	FL 85	3:	3020	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's 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 milk, and accept the obligations of Section 607.0505, Florida Statutes.										
SIGNATURE	Signature apped or printed nature of pastered agent and		egistered Ag	ent signature r	required	when reinstaling)	नीज्याव	(<u>)</u>		
12.	OFFICERS AND DIF		13.			ADDITIONS/CHANGES TO OFF				
TITLE	PS	☐ DELETE	1.1 TITLE		3	ion Rounsche	seiger ^M	Change	Addition 3	
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CITY-ST-ZIF	L		6.4 CITY-			110 6F/07() F: / 1 0				
I Stal Ihoireh∪ /	certify that the information supplied with the	is tillua does not aualify for t	ne eyemi	ouan stater	n in Se	iction 119 D7(3)(B. Florida Statutes :	Truther certify:	that the	information 1	

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. 11 127 60