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FILED

May 07 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000060121 (8)

1. Corporation Name

CHECKING EXCHANGE, INC.

Principal Place of Business

2603 N. DIXIE HIGHWAY
WILTON MANORS FL 33334

Mailing Address

2603 N. DIXIE HIGHWAY
WILTON MANORS FL 33334

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/16/1994

4. FEI Number

65-0503394

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

JIMENEZ, ALEXIS
5060 S.W. 11TH STREET
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name

Denis Tseklenis

82 Street Address (P.O. Box Number is Not Acceptable)

2603 N. DIXIE HWY

83

84 City

WILTON MANORS,

FL

85 Zip Code

33334

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable

DENIS TSEKLENIS

CEO

(NOTE: Registered Agent signature required when reinstating)

4-27-98

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME JIMENEZ, ALEXIS
STREET ADDRESS 5060 S.W. 11TH STREET
CITY-ST-ZIP PLANTATION FL 33317 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P-D
12 NAME Julius Bruce Chiusano
13 STREET ADDRESS 2603 N. Dixie Highway
14 CITY-ST-ZIP WILTON MANORS, FL 33334 ☒ Change ☐ Addition

21 TITLE C-CEO
22 NAME Denis Tseklenis
23 STREET ADDRESS 2603 N. Dixie Highway
24 CITY-ST-ZIP WILTON MANORS, FL 33334 ☐ Change ☒ Addition

31 TITLE S-T-D
32 NAME SAMUEL F MAY JR.
33 STREET ADDRESS 23123 STATE RD 7 STE 210
34 CITY-ST-ZIP BOCA RATON, FL 33428 ☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP ☐ Change ☐ Addition

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 supplementary 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

00000000

CR2E034 (10/97)