

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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
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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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/16/1994	
4. FEI Number 65-0503394	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

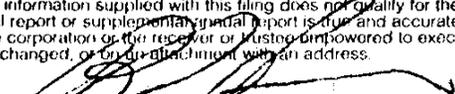
2. Principal Place of Business		2a. Mailing Address		10. Name and Address of New Registered Agent	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	81 Name Denis Tseklenis	82 Street Address (P.O. Box Number is Not Acceptable) 2603 N. DIXIE HWY
23 Zip	25 Country	28 Zip	29 Country	83	84 City WILTON MANORS, FL
24		25		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  **Denis Tseklenis** CEO DATE **4-27-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JIMENEZ, ALEXIS		1.2 NAME Julius Bruce Chiusano	
STREET ADDRESS 5060 S.W. 11TH STREET		1.3 STREET ADDRESS 2603 N. Dixie Highway	
CITY-ST-ZIP PLANTATION FL 33317		1.4 CITY-ST-ZIP WILTONMANORS, FL 33334	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE C-CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME Denis Tseklenis	
STREET ADDRESS		2.3 STREET ADDRESS 2603 N. Dixie Highway	
CITY-ST-ZIP		2.4 CITY-ST-ZIP WILTON MANORS, FL 33334	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE S-T-D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME SAHUEL F MAY JR.	
STREET ADDRESS		3.3 STREET ADDRESS 23123 STATE RD 7 STE 210	
CITY-ST-ZIP		3.4 CITY-ST-ZIP BOCA RATON, FL 33428	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 the attachment with an address.

SIGNATURE:  DATE **4/27/98** DAYTIME PHONE # **567-9898**

CR2E034 (10/97)