

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

• PROFIT
 CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **P95000014609 (8)**

1. Corporation Name

CHEQUEMARK TECHNOLOGIES CORPORATION



Principal Place of Business

Mailing Address

81 SURF DRIVE
 ST. AUGUSTINE FL 32084

81 SURF DRIVE
 ST. AUGUSTINE FL 32084

3. Date Incorporated or Qualified
02/20/1995

3a. Date of Last Report
3/20/95

2. Principal Place of Business

2a. Mailing Address

21 **4440 N. OCEANSHORE BLVD** 26

Suite, Apt #, etc

Suite, Apt #, etc

22 City & State

27 City & State

PALM COAST

24 Zip **32137**

Country

25 **FLAGLER**

29 Zip

Country

4. FEI Number

59-3295451

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

10. Name and Address of New Registered Agent

HILLS, ROBERT R
81 SURF DRIVE
ST. AUGUSTINE FL 32084

81 Name **Hills, Robert R.**

82 Street Address (P.O. Box Number is Not Acceptable)
141 Gene Johnson Rd

83

84 City **ST. AUGUSTINE**

FL

85 Zip Code **32086**

11. Pursuant to the provisions of Sections 607.0509 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 607.0509, Florida Statutes.

SIGNATURE: **Robert R. Hills**

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

(NOTE: Registered Agent's signature required when reappointing.)

6/13/96

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		12 NAME	Hills, Robert R.
STREET ADDRESS		13 STREET ADDRESS	141 Gene Johnson Rd
CITY - ST - ZIP		14 CITY - ST - ZIP	ST. AUGUSTINE, FL 32086
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	100001888901
STREET ADDRESS		63 STREET ADDRESS	-07/10/96--01013--033
CITY - ST - ZIP		64 CITY - ST - ZIP	***225.00

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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Robert R. Hills**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/96 904-446-2330
 CUSTOMER SERVICE #

CR2E034 (3/96)