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Apr 10 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000043521 (0)

1. Corporation Name  
VERTICAL CHESS INC.



Principal Place of Business  
1030 SINGER DR  
SINGER ISLAND FL 33404

Mailing Address  
1030 SINGER DR  
SINGER ISLAND FL 33404-2758

3. Date Incorporated or Qualified 05/30/1995	3a. Date of Last Report 04/26/1996
4. FEI Number 65-0584138	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent PODULKA, TED C 1030 SINGER DR SINGER ISLAND FL 33404	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 \_\_\_\_\_  
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P PODULKA, ANITA F <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PODULKA, ANITA F	1.2 NAME	
STREET ADDRESS	1030 SINGER DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	SINGER ISLAND FL 33404	1.4 CITY - ST - ZIP	
TITLE	ST PODULKA, TED C <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PODULKA, TED C	2.2 NAME	
STREET ADDRESS	1030 SINGER DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	SINGER ISLAND FL 33404	2.4 CITY - ST - ZIP	
TITLE	V PODULKA, PHILIP M <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PODULKA, PHILIP M	3.2 NAME	
STREET ADDRESS	11634 FICUS ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH GARDENS FL 33410	3.4 CITY - ST - ZIP	
TITLE	V PODULKA, ANTHONY C <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PODULKA, ANTHONY C	4.2 NAME	
STREET ADDRESS	4883 ORLANDO	4.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL 33417	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 do 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 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: TED C. PODULKA *T. Podulka* 4-7-97 561-845-8616  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)