Applied For

Fee Required

\$5.00 May Be

Added to Fees

□No

Not Applicable \$8.75 Additional

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## 1999 P9500093305

. Corporation Name

City & State

VOLING MADEENE C

23

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Zip

SCHECK INDUSTRIES, INC.	
Principal Place of Business	Mailing Address
4700 NORTH STATE ROAD 7 SUITE 221 FORT LAUDERDALE FL 33319	4700 NORTH STATE ROAD 7 SUITE 221 FORT LAUDERDALE FL 33319
Principal Place of Business     1	2a. Mailing Address
Suite Ant # etc	Suite Apt # etc.

28

City & State

Country Zip
25 29

9. Name and Address of Current Registered Agent

## FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90042 009 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5,\_Certifcate of Status Desired

Trust Fund Contribution

Personal Property Tax.

Election Campaign Financing

This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

12/06/1995 4. FEI Number

65-0624960

4700 NORTH STATE ROAD 7 SUITE 221 FORT LAUDERDALE FL 33319			82 Street Address (P.O. Box Number is Not Acceptable)					
			<del> </del>	- <del></del>				
			City	FL	<u> </u>	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	D DELETE	1.1 TITLE			Change	Addition		
NAME	YOUNG, MARLENE C	1.2 NAME						
STREET ADDRESS	4700 NORTH STATE ROAD 7	1.3 STREE	T ADDRESS					
CITY-ST-ZIP	FORT LAUDERDALE FL 33319	1.4 CITY-5	ST-ZIP					
TITLE	D DELETE	2.1 TITLE			☐ Change	☐ Addition		
NAME	BRIDGHAM, CAROL S	2.2 NAME						
STREET ADDRESS	4700 NODTH CTATE BOAD 7	2 3 STREE	T ADDRESS					
CITY-ST-ZIP	FORT LAUDERDALE FL 33319	2.4 CITY-	ST-ZIP					
TITLE	☐ DELETE	3.1 TITLE	<del>-</del>		☐ Change	Addition		
NAME		3.2 NAME		'				
STREET ADDRESS		3.3 STREE	TADORESS					
CITY-ST-ZIP	. <u> </u>	3.4. CITY-	ST-ZIP					
TITLE	☐ DELETE	4.1 TITLE			☐ Change	☐ Addition		
NAME		4, 2 NAME				ł		
STREET ADDRESS		4.3 STREE	T ADDRESS					
CITY-ST-ZIP		4,4 CITY-5	ST-ZIP					
TITLE	· DELETE	5.1 TITLE			Change	☐ Addition		
NAME		5.2 NAME				· I		
STREET ADDRESS		5.3 STREE	TADDRESS					
CITY-ST-ZIP		5.4 CITY-	ST-ZIP	·				
TITLE	☐ DELETE	61 TITLE			☐ Change	☐ Addition		
NAME		6.2 NAME						
STREET ADDRESS		6.3 STREE	TADDRESS					
CITY-ST-ZIP		6.4 CITY-						
14. I hereby o	certify that the information supplied with this filing does not qualify	for the exemp	tion state	d in Section 119.07(3)(i), Florida Statutes. I further certi	fy that the	information I am an		

Country

81 Name

30

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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, with all other like empowered.

**SIGNATURE** 

Martine Light Design Officer or Director

2/17/99 954-781-0921 Date Daytime Phone # CR2E034 (11/98)