

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

FILED
May 15 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 # P96000054293 (1)

1. Corporation Name
HUB CHECKING CORPORATION

Principal Place of Business
8804 NORTHWEST 20TH AVENUE
FORT LAUDERDALE FL 33309

Mailing Address
8804 NORTHWEST 20TH AVENUE
FORT LAUDERDALE FL 33309-1513

3. Date Incorporated or Qualified
06/26/1996

3a. Date of Last Report

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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION-SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

81 Name
Rebecca J. DelMedico, Esq.
82 Street Address (P.O. Box Number is Not Acceptable)
14 Tara Lakes Dr. East
83
84 City
Boynton Beach FL 85 Zip Code
33426

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 Rebecca J. DelMedico Rebecca J. DelMedico DATE 4/25/97

12. OFFICERS AND DIRECTORS

TITLE	D P	<input type="checkbox"/> DELETE
NAME	SULKIN, BARRY	
STREET ADDRESS	5405-24 MONTEREY CIRCLE	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORDIS, BARRY D	
STREET ADDRESS	8225-C THAMES BOULEVARD	
CITY-ST-ZIP	BOCA RATON FL 33433	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COFFMAN, NEAL B	
STREET ADDRESS	7592 IRON BRIDGE CIRCLE	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COFFMAN, RICHARD A	
STREET ADDRESS	3360 SOUTH OCEAN BOULEVARD #8115	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	WELLNER, L RICK D	<input type="checkbox"/> DELETE
NAME	6780 NW 44th COURT	
STREET ADDRESS	LAUDERHILL, FL 33319	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	80	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KAUFMAN, GLORIA	
1.3 STREET ADDRESS	2450 PRESIDENTIAL WAY	
1.4 CITY-ST-ZIP	W. PALM BEACH, FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: BARRY SULKIN BARRY SULKIN

4/25/97

954-969-1604

0207850

CR2E034 (9/96)