

FILED

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**



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

Apr 30 1997 8:00am  
Secretary of State

**DOCUMENT # P96000100324 (8)**  
1. Corporation Name

1. Corporation Name  
**NATIONAL TENANT CHECK, INC.**



~~Principal Place of Business~~  
~~2655 N. OCEAN DRIVE, 3RD FLOOR~~  
~~SINGER ISLAND FL 33404~~

Mailing Address  
2655 N. OCEAN DRIVE, 8RD FLOOR  
SINGER ISLAND FL 33484-4751

3. Date incorporated or Qualified <b>12/11/1996</b>		3a. Date of Last Report <b>N/A</b>	
4. FEI Number <b>65-072-3841</b>		Applied For	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>N/A</b>	

2. Principal Place of Business  
21 2104 Boniste Cir.  
Suite, Apt. #, etc.

2a. Mailing Address  
26 Same  
Suite, Apt. #, etc.

22	City & State		N/A	
23	Zip		Country	
24	33418		USA	

27	City & State	
28	Zip	Country
29		

**9. Name and Address of Current Registered Agent**

~~STEINBERG, JOE  
2655 N. OCEAN DRIVE, 3RD FLOOR  
SINGER ISLAND FL 33404~~

10. Name and Address of New Registered Agent

B1	Name	Richard Steinberg
B2	Street Address (P.O. Box Number is Not Acceptable)	2104 Bouisk Cir
B3		
B4	City	Palm Bch Gardens FL
B5	Zip Code	33418

11. Pursuant to the provisions of Sections 607.0532 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE Steinberg, Richard (NOTE: Registered Agent signature required when reinstating) DATE 4/21/97

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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12.	OFFICERS AND DIRECTORS
TITLE	D
NAME	STEINBERG, JOE
STREET ADDRESS	2655 N OCEAN DRIVE, 3RD FLOOR
CITY - ST - ZIP	SINGER ISLAND FL 33404

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Richard Steinberg
1.3 STREET ADDRESS	2104 Bonesteel Cir.
1.4 CITY - ST - ZIP	Palm Bch. Gardens, FL.
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE		DELETE

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Richard Steinberg
1.3 STREET ADDRESS	2104 Bonesteel Cir.
1.4 CITY - ST - ZIP	Palm Bch. Gardens, 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:  ul 62

CR2E034 (9/96)