

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

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May 10, 1999 8:00 am
Secretary of State

05-10-1999 90142 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000051527

1. Corporation Name
CARDINAL SUPER CHESS & SUPER CHECKERS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 240 PEBBLE BEACH CIR UNIT F-102 NAPLES FL 34113	Mailing Address 240 PEBBLE BEACH CIR UNIT F-102 NAPLES FL 34113
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3. Date Incorporated or Qualified
06/10/1997

2. Principal Place of Business 21 NAPLES 500 5TH AVE S. (Suite) Apt. #, etc.	2a. Mailing Address 26 500 5TH AVE, S (Suite) Apt. #, etc.
22 522 City & State	27 522 City & State
23 NAPLES, FL Zip Country	28 NAPLES, FL Zip Country
24 34102 25 USA	29 34102 30 USA

4. FEI Number **59-3451371** 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
JONES, MAUREEN C
240 PEBBLE BEACH CIR
UNIT F-102
NAPLES FL 34113

10. Name and Address of New Registered Agent

81 Name **MAUREEN C. JONES**

82 Street Address (P.O. Box Number is Not Acceptable)
500 5TH AVE, S

83 **NAPLES**

84 City **FL** 85 Zip Code **34102**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	JONES, MAUREEN C
STREET ADDRESS	240 PEBBLE BEACH CIR UNIT F-102
CITY-ST-ZIP	NAPLES FL 34113
TITLE	D <input type="checkbox"/> DELETE
NAME	JONES, THOMAS F
STREET ADDRESS	240 PEBBLE BEACH CIR UNIT F-102
CITY-ST-ZIP	NAPLES FL 34113
TITLE	D <input type="checkbox"/> DELETE
NAME	JONES, DANIEL F
STREET ADDRESS	240 PEBBLE BEACH CIR UNIT F-102
CITY-ST-ZIP	NAPLES FL 34113
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Maureen C. Jones 5/7/99 941-263-7971
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)