

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

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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90154 029 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P97000055144

1. Corporation Name
APPLICANT BACKGROUND CHECKS, INC.

Principal Place of Business
PO BOX 410967
MELBOURNE FL 32941-0967

Mailing Address
PO BOX 410967
MELBOURNE FL 32941-0967

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/23/1997

4. FEI Number
59-3456250

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 1616 PGA BLVD.

Suite, Apt. #, etc.

22

City & State

23 Melbourne, FL

Zip

24 32935

Country

25 USA

2a. Mailing Address

26 P.O. Box 410967

Suite, Apt. #, etc.

27

City & State

28 Melbourne, FL 32941-0967

Zip

29 32941-0967

Country

30 USA

9. Name and Address of Current Registered Agent

KAZOROSKI, MICHAEL S
1616 PGA BLVD.
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name
KAZOROSKI, Michael S.
82 Street Address (P.O. Box Number is Not Acceptable)
7667 N. WICKHAM RD. #417
83
84 City
Melbourne FL 85 Zip Code
32940

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

Michael S. Kazoroski - President - Michael Kazoroski

4/27/99

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|-------|----------------------|----------------|--------------------|--------------------------|
| D | KAZOROSKI, MICHAEL S | 1616 PGA BLVD. | MELBOURNE FL 32935 | <input type="checkbox"/> |
| D | KAZOROSKI, RONALD W | 1616 PGA BLVD. | MELBOURNE FL 32935 | <input type="checkbox"/> |
| D | KAZOROSKI, BONNIE L | 1616 PGA BLVD. | MELBOURNE FL 32935 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change | Addition |
|-----------|----------|--------------------|-----------------|--------------------------|--------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

14. I 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, with all other like empowered.

SIGNATURE:

Michael S. Kazoroski - President 4/27/99 407-253-3004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0119872