

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90117 011 ***150.00

DOCUMENT # P98000000216

1. Corporation Name
RX CHECK, INC.

Principal Place of Business
12616 NW 13TH STREET
SUNRISE FL 33323

Mailing Address
12616 NW 13TH STREET
SUNRISE FL 33323

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/01/1998

4. FEI Number
65-0809235

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

2. Principal Place of Business
21 439 Glenbrook Dr.

2a. Mailing Address
26 439 Glenbrook Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
23 Atlantis FL

City & State
28 Atlantis, FL

Zip
24 33462

Country
29 USA

9. Name and Address of Current Registered Agent

INCORPORATORS PLUS, INC.
1214 N. UNIVERSITY DRIVE
PLANTATION FL 33322

10. Name and Address of New Registered Agent

81 Name
Ileana M. Almeida, Esq.

82 Street Address (P.O. Box Number is Not Acceptable)
439 Glenbrook Dr.

83
84 City
Atlantis FL 85 Zip Code
33462

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)

4/27/99
DATE

12. OFFICERS AND DIRECTORS

TITLE
D
NAME
HUNT, MARILU ALMEIDA
STREET ADDRESS
12616 NW 13TH STREET
CITY-ST-ZIP
SUNRISE FL 33323

TITLE
D
NAME
ALMEIDA, ESTRELLA
STREET ADDRESS
12616 NW 13TH STREET
CITY-ST-ZIP
SUNRISE FL 33323

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
D
1.2 NAME
Hunt, Marilu Almeida
1.3 STREET ADDRESS
439 Glenbrook Dr.
1.4 CITY-ST-ZIP
Atlantis, FL 33462

2.1 TITLE
D
2.2 NAME
Almeida, Estrella
2.3 STREET ADDRESS
439 Glenbrook Dr.
2.4 CITY-ST-ZIP
Atlantis, FL 33462

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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)(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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99 (954) 494 8755
Date Daytime Phone #

CR2E034 (1/98)