

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

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S10355 (3)
1. Corporation Name
CHECKERS GROUP INC.



Principal Place of Business 333 SUNSET DR. 402 FT. LAUDERDALE FL 33301 US	Mailing Address 333 SUNSET DR. 402 FT. LAUDERDALE FL 33301 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 421 ARBOR CIRCLE Suite, Apt. #, etc.		2a. Mailing Address 26 421 ARBOR CIRCLE Suite, Apt. #, etc.		3. Date Incorporated or Qualified 10/22/1990	
22 City & State 23 CELEBRATION FL		27 City & State 28 CELEBRATION FL		4. FEI Number 65-0227723 Applied For Not Applicable	
24 Zip 34747		25 Country US		5. Certificate of Status Desired 8.75 Additional Fee Required	
26 City & State 27 CELEBRATION FL		28 City & State 29 CELEBRATION FL		6. Election Campaign Financing Trust Fund Contribution 5.00 May Be Added to Fees	
30 Zip 34747		31 Country US		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 Yes No	

9. Name and Address of Current Registered Agent KUPCHAK, ROBERT E. 333 SUNSET DR. SUITE 402 FT. LAUDERDALE FL 33301 421 ARBOR CIRCLE CELEBRATION FL 34747		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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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: ROBERT E. KUPCHAK
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE: 4/20/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUPCHAK, ROBERT E. 333 SUNSET DR. FT. LAUDERDALE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Change Addition 421 ARBOR CIRCLE CELEBRATION FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KUPCHAK, DIANE R. 333 SUNSET DR. FT. LAUDERDALE FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Change Addition 421 ARBOR CIRCLE CELEBRATION FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Change Addition

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.

SIGNATURE: ROBERT E. KUPCHAK
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE: 4/20/98

CR2E034 (10/97)