

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

**FILED**

**Feb 04 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # V25115 (9)**  
1. Corporation Name  
**CHECKNET CORPORATION**



Principal Place of Business  
**4400 W. SAMPLE RD.  
SUITE 228 Suite 134  
COCONUT CREEK FL 33073-0000**

Mailing Address  
**4400 W. SAMPLE RD.  
SUITE 228 Suite 134  
COCONUT CREEK FL 33073-3473**

3. Date Incorporated or Qualified  
**03/27/1992**

3a. Date of Last Report  
**01/26/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>65-0408768</b>	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc. <b>Suite 134</b>	26 Suite, Apt. #, etc. <b>Suite 134</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 Country	30 Country		

9. Name and Address of Current Registered Agent <b>GREENBERG, JEFFREY 5550 GLADES ROAD SUITE 401 BOCA RATON FL 33431</b>		10. Name and Address of New Registered Agent		
81 Name				
82 Street Address (P.O. Box Number is Not Acceptable)				
83				
84 City	<b>FL</b>	85 Zip Code		

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHWARTZ, HAROLD</b>	12 NAME	
STREET ADDRESS	<b>4400 W. SAMPLE RD #228</b>	13 STREET ADDRESS	<b>4400 W. SAMPLE ROAD, #134</b>
CITY - ST - ZIP	<b>COCONUT CREEK FL</b>	14 CITY - ST - ZIP	
TITLE	<b>SV</b> <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TEMPLE, CHRISTINE</b>	22 NAME	
STREET ADDRESS	<b>1008 N 13TH AVE</b>	23 STREET ADDRESS	
CITY - ST - ZIP	<b>HOLLYWOOD FL</b>	24 CITY - ST - ZIP	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIMON, JOHN</b>	32 NAME	
STREET ADDRESS	<b>6201 PETER RD</b>	33 STREET ADDRESS	
CITY - ST - ZIP	<b>PLANTATION FL</b>	34 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BASS, IRVING</b>	42 NAME	
STREET ADDRESS	<b>7883 FENNICK PLACE</b>	43 STREET ADDRESS	
CITY - ST - ZIP	<b>BOCA RATON FL</b>	44 CITY - ST - ZIP	
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AMEIGH, MYRA</b>	52 NAME	
STREET ADDRESS	<b>12072 OLD COUNTRY RD</b>	53 STREET ADDRESS	
CITY - ST - ZIP	<b>WELLINGTON FL</b>	54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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: *Christine Temple* **1/6/97 (954) 969-9052**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)