

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V48026** (1)

1. Corporation Name
CHEQUEMARK SYSTEMS, INC.



Principal Place of Business: **81 SURF DRIVE ST. AUGUSTINE FL 32084 US**
Mailing Address: **P.O. BOX 3845 ST. AUGUSTINE FL 32085**

3. Date Incorporated or Qualified: **06/30/1992**
3a. Date of Last Report: **07/24/1995**

2. Principal Place of Business: **4440 N. OCEAN SHORE BLVD**
2a. Mailing Address: **1**

4. FEI Number: **59-3136589**
Applied For: Not Applicable

22. Suite, Apt. #, etc.: **PALM COAST**
27. Suite, Apt. #, etc.:

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

23. City & State: **PALM COAST**
28. City & State:

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24. Zip: **32137** 25. Country: **FLAGLER** 29. Zip: 30. Country:

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**HILLS, ROBERT R.
81 SURF DRIVE
ST. AUGUSTINE FL 32084**

10. Name and Address of New Registered Agent
81 Name: **Robert R. Hills**
82 Street Address (P.O. Box Number is Not Acceptable): **141 GENE JOHNSON RD**
83
84 City: **ST. AUGUSTINE** FL 85 Zip Code: **32086**

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 607.0502, Florida Statutes.

SIGNATURE: **Robert R. Hills** (Signature typed or printed name of registered agent and the if applicable) (MSB) Registered Agent's signature required when resigning) DATE: **6/13/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILLS, ROBERT R.	12 NAME	Hills, Robert R.
STREET ADDRESS	81 SURF DRIVE	13 STREET ADDRESS	141 GENE JOHNSON RD
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	14 CITY-ST-ZIP	ST. AUGUSTINE, FL 32086
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDERS, RICHARD L	22 NAME	
STREET ADDRESS	135 ANSLEY COURT	23 STREET ADDRESS	
CITY-ST-ZIP	ROSWELL GA 30076	24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Robert R. Hills** (Signature typed or printed name of signing officer or director) DATE: **6/13/96** 904-446-2330

CR2E034 (3/96)