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

PROFIT CORPORATION ANNUAL REPORT

1999

MILITARY CHECKS INC.

1. Corporation Name

DOCUMENT # **V54168**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mailing Address

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90018 009 ***150.00

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Principal Place of Business	ĺ	Maiting Address							
2390 S.E. 7TH PLACE	2	2390 S.E. 7TH PLACE							
HOMESTEAD FL 33033	ŀ	HOMESTEAD FL 33033				DO NOT WRIT	E IN THIS	SPACE	
					-	3. Date Incorporated or Qualifed	- 11 1110	<i></i> NOC	
						07/30/1992			Į
2. Principal Place of Business		≀a, Mailing Address				4. FEI Number		Ar	plied For
21 /4640 5 W	87+4Ave26	14640 5	w 8	Tru A	V4	65-0349114			ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					<u> </u>		Additional
22	27	¬ ' ' ' '				5. Certifcate of Status Desired		Fee Re	equired
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be
23 M/AM/	F 4	MIAMI	FL			Trust Fund Contribution		Added	•
Zip Co	ountry	Zip	Cou	ntry		8. This corporation owes the curre	ent year Inta		i
24 33176 25	29	33176	30			Personal Property Tax.		☐ Yes	Mo
	ddress of Current Reg	gistered Agent			1	0. Name and Address of New R	egistered A	gent	
00111111101100 500	tot i			81 Name					
SCHUMACKER, ROBI				82 Street	Address	(P.O. Box Number is Not Accepta	ble)		
2000 COUTHEAST-71									
H omesead Fl 3383 146 40 S U	Brow AV	16		83					
1467054	<i>y </i>			84 City				85 Zip (Code
MIAMI, G	4. 33176			'			<u> </u>		
	0	1 607.1508, Florida Sta	atutes, the al	bove-named	corpora	tion submits this statement for the	purpose of o	hanging its	registered
office or registered agent, or agent. I am familiar with, and	both on the State of Flo	orida. Such change wa , Section 607.0505,	riorida Stati	ites.	oration s	board of directors. I hereby accep			giotoros
SIGNATURE (Achin sal		KAT	6	CHU	MACHER	1/7/9	9	
Signature, typed or printed	name of registered agent and tr			Agent signature re		en reinstating)	DATE		
12.	OFFICERS AND DIF		13.		1.0	ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO Change	ORS IN 12
TITLE V	_	☐ DELETE		TLE	40.0	LINA SHARON		Change	
NAME MOLINA, SHAR			1.2 N	ME	7710	TO THE PLANT	n BLI	10. 7	1434
STREET ADDRESS 4201 NW 81ST					37	73 70714	33.0	• •••	
CITY-ST-ZIP CORAL SPRING	SS FL			TY-ST-ZIP	COI	iac Springs, FG.	<u> </u>	Change	Addition
TITLE		☐ DELETE	2.1 TI	TLE :	1			☐ Change	☐ Audimon
NAME			2.2 N	ME .	1				
STREET ADDRESS			2.3 \$1	TREET ADDRESS					
CITY-ST-ZIP				ITY-ST-ZIP	ļ	·		Channe	□ Addition
TITLE		☐ DELETE	3.1 TI	TLE				☐ Change	☐ Addition
NAME			3.2 N/	WE					
STREET ADDRESS			3.3 ST	REET ADDRESS					
CITY-ST-ZIP				ITY-ST-ZIP	<u> </u>				
TITLE		☐ DELETE	4.1 Ti	TLE				☐ Change	☐ Addition
NAME			4. 2 N	AME				•	
STREET ADDRESS			4.3 \$7	REET ADDRESS					
CITY-ST-ZIP			4.4 CI	TY-ST-ZIP					
TITLE		☐ DELETE	5.1 TI	πE	1			☐ Change	☐ Addition
NAME			5.2 N	AME					
STREET ADDRESS			5.3 ST	TREET ADDRESS					
CITY-ST-ZIP			5.4 CI	TY-ST-ZIP					
TITLE	10.00	☐ DELETE	6.1 TI	TLE				☐ Change	☐ Addition
NAME			6.2 N	AME					
STREET ADDRESS			6.3 S	TREET ADDRESS					
CITY-ST-ZIP			4	TY-ST-ZIP					
OH 1-51-ZIP			I		1				

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 changes or on an attachment with an address, with all other like empowered.

SIGNATURE: