## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

	DIVISION OF CORPORATIONS		
439371	(6)		
CK, Jammal & ASS	OCIATES, INC.		
Mai	ling Address		
	1347 PALMETTO AVE WINTER PARK FL 32789		
	CK, JAMMAL & ASS		



1347 PALMETTO AVE Winter Park FL 32789			1347 PALMETTO AVE WINTER PARK FL 32789					
					3. Date Incorporated or Qualified 11/05/1973	3a. Date of <b>04</b>	Last Re /11/19	port 195
2. Principal Plac	on of Rusiness	2a. Mailing Address			4. FEI Number		P	upplied For
z. Fillicipari la	Ge O' Eddinedo	26			59-1488944		N	lot Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc	:.		5. Certificate of Status Desired			Additional Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution			May Be I to Fees
Zip	Country	Zip	Cour 30	itry	8. This corporation has liability for Florida Statutes Yes	intangible tax u	under s	199.032,
9. Name and Address of Current Registered Agent			130	10. Name and Address of New Registered Agent				
	9. Name and Address of Current	Registered Agent	<del></del>	81 Name				
	VI MANIERED		[			-1-1		
	KA, MANFRED			82 Street Add	fress (P.O. Box Number is Not Acceptab	ile)		
	ALMETTO AVE.,		}	83				
WINTE	R PARK FL							
			Ì	84 City	<del></del>	Fi	85 Zq	o Code
					oration submits this statement for the pu	mose of chang	ning its r	eaistered office
or roois tors	of the provisions of sections of 1992, and agent, or both, in the State of Florich, and accept the obligations of, Section,	ia. Such change was auc	nonzeu uv ine c	orporation's boa	oration submits this statement to the po and of directors. I hereby accept the app	ointment as re	gistered	agent. I am
SIGNATURIE _	Signature, typed or printed hanve of registered agent	and title if applicable	(NOTE Registered	Agent signature requir	red when reinstating)	DATE		
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFF			DRS IN 12
TITLE	DP	☐ DELETE	1, 1 (	TLE		Ц	Change	Addition
NAME	Jammal, emile e		1.2 NA	ME				
STREET ADDRESS	1347 PALMETTO AVE		13 ST	REET ADDRESS				
CiTY-S1-ZiP	WINTER PARK, FL 0		1.4 C)	TY-ST-ZIP				<b>—</b>
TITLE	DC	DELETÉ	2. 1 T	TL€			Change	Addition Addition
NAME	LOPATKA, MANFRED		2 2 N	ME				
STREET ADDRESS	1347 PALMETTO AVE		2.3 \$1	reet address				
CITY-ST-ZiP	WINTER PARK, FL 0		2 4 C	TY-ST-ZIP				
TiTLE	DV	DELETE	3 1 T	TLE			Change	☐ Addition
NAME	MURDOCK, ROBERT K		3 2 N	AME				
STREET ADDRESS	1347 PALMETTO AVE		33 S	TREET ADDRESS				
CHY-ST-ZIP	WINTER PARK, FL 0		3.4 C	TY-ST-ZIP				
TITLE	DST	DELETE	4 1 T	ITLE			Change	Addition
NAME	ZANN, DAVID		4.2 N	AME				
STREET ADDRESS	1347 PALMETTO AVENUE		4.3 S	TREET ADDRESS				
CITY-ST-ZIP	WINTER PARK FL		4.4 C	TY-ST-ZIP				
TITLE		DELETE	5.11	ITLE	<del></del>		Change	Addition
NAME			5 2 N	AME				
STREET ADDRESS			538	TREET ADDRESS				
City-ST-ZIP	·		5.4 C	ITY-ST-ZIP				
THILE		☐ DELETI					] Change	Addition
NAME	1	<del>_</del>	62 N	AME				
STREET ADDRESS			6.3 5	TREET ADDRESS				
				TY-ST-7 P				
CITY-ST-ZIP	<u> </u>	we start a line at the section and and			y for the exemption stated in Section 11	9.07(3)(k), Flori	ida Stati	ites. I further

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), Florinda Statutes, I furner 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 cath; 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:

4/18/96 407-644-6777