

ANNUAL REPORT
1995

Division of State
Secretary of State
DIVISION OF CORPORATIONS

95 APR 24 AM 11:40

DOCUMENT # **F93000005778 (6)**

1. Corporation Name
CK REALTY, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
7500 OLD GEORGETOWN ROAD, 15TH FLOOR **7500 OLD GEORGETOWN ROAD, 15TH FLOOR**
BETHESDA MD 20814-6105 **BETHESDA MD 20814-6105**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/21/1993	3a. Date of Last Report 04/20/1994
21	Suite, Apt. #, etc.		26	4. FEI Number 52-1720754	Applied For Not Applicable
22	City & State		27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip		28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country		29	8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
METZGER, JOHN T ESQUIRE C/O GREENBERG, TRAUIG 777 SOUTH FLAGLER DRIVE, SUITE 301-E WEST PALM BEACH FL 33401				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, A J	1.2 NAME	
STREET ADDRESS	7500 OLD GEORGETOWN ROAD	1.3 STREET ADDRESS	
CITY - ST - ZIP	BETHESDA MD 20814	1.4 CITY - ST - ZIP	
TITLE	VSD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAUB, KATHY S	2.2 NAME	Delete officer / Director
STREET ADDRESS	7500 OLD GEORGETOWN ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	BETHESDA MD 20814	2.4 CITY - ST - ZIP	
TITLE	VDT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUSSDORF, LAWRENCE C	3.2 NAME	
STREET ADDRESS	7500 OLD GEORGETOWN ROAD	3.3 STREET ADDRESS	
CITY - ST - ZIP	BETHESDA MD 20814	3.4 CITY - ST - ZIP	
TITLE	AS	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUNGER, FLORENCE E	4.2 NAME	BoDKins, Connie S
STREET ADDRESS	7500 OLD GEORGETOWN RD	4.3 STREET ADDRESS	
CITY - ST - ZIP	BETHESDA MD	4.4 CITY - ST - ZIP	
TITLE	AV	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEAWRIGHT D STEPHENB	5.2 NAME	
STREET ADDRESS	7500 OLD GEORGETOWN RD	5.3 STREET ADDRESS	
CITY - ST - ZIP	BETHESDA MD	5.4 CITY - ST - ZIP	
TITLE	AT	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARCHIK, SANDY R	6.2 NAME	SD
STREET ADDRESS	7500 OLD GEORGETOWN RD	6.3 STREET ADDRESS	
CITY - ST - ZIP	BETHESDA MD	6.4 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 118.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR