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

PROFIT CORPORATION ANNUAL REPORT

1996



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

DOCUN 1. Corporation		0082603 (8))			
•	CK, INC.					
Principal Place of Business Mailing Address				·	1 I MAN HON HOLE HEIDE DYNN DAN HOEFN	'S MOTILI MOTALE TINTO NITI NOTE STATISTO
126 MIRACLE STRIP PARKWAY EAST MARY ESTHER FL 32569 126 MIRACLE STRIP PARKWAY MARY ESTHER FL 32569				Ţ		
					3. Date Incorporated or Qualified 10/25/1995	3a. Date of Last Report
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
Suite Apt. #, etc		Suite, Apt. #, etc.				Not Applicable
22		27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
Oty & State		City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees	
Zip Country 25		7(p) Country 29 30		This corporation has liability for intangible tax under s 199.032, Florida Statutes		
	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	egistered Agent
			81	Name		
POWELL, DIXIE D			82	Street Add	ress (P.O. Box Number is Not Acceptab	le)
422 N. MAIN ST Crestview Fl 32536			83			
			84	City		■■ 85 Zip Code
11 []	has various at écultura poi de os	and CO7 1EOR Chaids Chat has	1.0 000 00		ration submits this statement for the pur	
or registere familiar with SIGNATURE	d agent, or both, in the State of Florida , and accept the obligations of, Section (pathor type) or pink than of renewed agenta	a Such change was authorized in 607.0505, Florida Statutes.	by the carp	oration's boa	and of directors. I hereby accept the appoint	ointment as régistered agent. I am
12	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI	
101.6	PSTD DELETE		1. 1 TITLE			☐ Change ☐ Addition
NAME	POWELL, PHENCHAN		1.2 NAME			1
STREET ADORESS CITY ST ZIF	ODEAD RELATION		1.3 STREET ADDRESS 1.4 CITY - ST - ZIP			
1iftif	VD	[] DELETE	2 1 TITLE			☐ Change ☐ Addition
NAME	CHEEKS, SUKI	.—	2.2 NAME			
STEELL ADORESS			23 STREET	ADDRESS		
CUT ST ZIP	FT. WALTON BEACH FL	ing terminan <u>an</u> agan yang bersama	2.4 CHY+ST-ZIP			
TIFLE	VD	☐ DELETE	3 1 TIPLE			Change Addition
NAME Close LAbbotics	COOK, SOMEHAI 377 OAKLAND CIRCLE		3 2 NAME			
STRE/TADDRESS CTY-ST-ZP	FT. WALTON BEACH FL		3.3 STREET ADDRESS 3.4 CITY+ST_ZIP			
lut	TI. WALLON BEAUTIFE	DELETE	4. 1 TITLE			☐ Change ☐ Addition
NAM!			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CHY ST-ZP			4 4 CITY - ST - ZIP			
Truf		[] DELETE	5 1 TITLE			☐ Change ☐ Addition
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			
005 S1 ZIP 1004		DELETE	6 1 THUE			☐ Change ☐ Addition
NAME			6.2 NAME			
STEEL ACORESS			6.3 STREET	T ADDRESS		
CH+-\$1-2iP			6.4 CITY - S			
	certify that the information supplied w	ith this filing is voluntarily furnis			for the exemption stated in Section 119.	.07(3)(k), Florida Statutes. I further

14. Let 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)(8). 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 certify that I am an office or director of the corporation or the receiver or trustee empowered to execute this export as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 6, or on an attachment with an address.

SIGNATURE:

IATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/96

904-682-2757