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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

CITY-ST-ZIP

414969

(6)

oration Name	• •	.000	
CKLE SHACK INC.			

**FILED** 

Mar 09 1998 8:00am

Secretary of State

Principal Place of Business 7801 66TH STREET. NORTH PINELIAS PARK 34665-2104  7801 67TH STREET.
PINELIAS PARK 34665-2104  PINELIAS PARK 34665-2104  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 12/19/1972  2. Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2c. Suite, Apt. #, etc. 2d. Suite, Apt. #, et
3. Date Incorporated or Qualified 12/19/1972 2. Principal Place of Business 2a. Mailing Address 2b. Mailing Address 2c. Mailing Address 2c. Mailing Address 3c. Mailing Address 4c. FEI Number 59-1428125 59-1428
2 Principal Place of Business
28   Suite, Apt. #, etc.   Suite, Apt. #, et
Suite, Apt. #, etc.    Suite, Apt. #, etc.
27   City & State   Country   Zip
City & State    City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   Country   Count
28 Trust Fund Contribution Added to Fees  Zip Country Zip Country Zip Country Signature  24 33.78/ 25 29 33.78/ 30 Personal Property Tax due June 30. Yes  9. Name and Address of Current Registered Agent  WATSON, JOHN E. 600 49TH STREET NORTH SUITE A-1  33710  10. Name and Address of New Registered Agent  10. Name and Address of New Registered Agent  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 agent, or both, in the State of Toxida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Toxida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Toxida. 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 herebiling-froms hi) Section 607.0505, Florida Statutes.  SIGNATURE Signature, typed or premied name of registered agent and this if applicance. (NOTE Registered Agent agentiand when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  SOT  DELETE  1.1 TITLE  1.2 TAME  1.3 STREET ADDRESS  ST PETERSBURG FL  1.4 CITY-ST-ZIP  TITLE  1.5 TAME  1.5 T
Zip
24 35 8 28 Name and Address of Current Registered Agent  WATSON, JOHN E. 600 49TH STREET NORTH SUITE A-1 33710  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its register office or registered agent), or both, in the State of Ptoida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, am familiar with language of the submitted in the purpose of changing its registered agent. I am familiar with language of the submitted in the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent agent. I am familiar with language of the submitted in the purpose of changing its registered agent. I am familiar with language of the submitted in the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent agent. I am familiar with language of the submitted in the purpose of changing its registered agent. I am familiar with language of the submitted by the corporation's board of directors. I hereby accept the appointment as registered agent agent. I am familiar with language in a different agent agent agent agent. I am familiar with any accept the appointment as registered agent agent. I am familiar with any accept the appointment as registered agent agent. I am familiar with any accept the appointment as registered agent agent. I am familiar with any accept the appointment as registered agent agent. I am familiar with a point agent age
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33710  82 Street Address (P.O. Box Number is Not Acceptable)  83 PL City Gulffort  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 register of eight of the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register of eight of the provisions of Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  Signature, typed or printed name of registered digent and little if applicable  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD  DELETE  1.1 TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  ST PETERSBURG FL  DELETE  1.4 CITY-ST-ZIP  TITLE  Change  Addit  Change  Addit  City Gulffort  FL  85  Sip Code  Sip Code  Signature, typed or printed name of registered digent and little if applicable  (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS IN 12  TITLE  DELETE  1.1 TITLE  Change  Change  Addit  City Gulffort  Change  Addit  City Gulffort  Change  Change  Addit  City Gulffort  Change  Addit  City Gulffort  Change  Addit  City Gulffort  Change  Change  Addit  City Gulffort  Change  Change  Addit  City Gulffort  Change  Addit  Change  Addit  City Gulffort  Change  Addit  City Gulffort  Change  Addit  City Gulffort  Change  Addit  City Gulffort  Change  Chang
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 register office or registered again), or both, in the State of Forida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registere agent. I am familiar with (and/accept/he/bbliga/fions bf) Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  Quanture, typed or printed name of registered agent is red lible if applicable  (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD  DELETE  1.1 TITLE  DELETE  1.1 TITLE  Change  Addit  Change
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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 veceiver 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.

6.4 CITY - ST- ZIP