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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 510220

(7)

C. K. OF SEMINOLE, INC.

FILED Apr 24 1998 8:00am Secretary of State



Solic, Apl #, etc. Succession Successio	Principal Place of Business Mailing Address) (8018) Bital (1981) abita itata tabu data data atau atau atau atau atau			
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9. Name and Address of Current Registered Agent DILLON DENNIS 7050 SEMINOLE BLVD SEMINOLE FL 33772 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11, Pursuant to the provisions of Sections 607 0502 and 607 1508, Forrida Statutes the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or brok, in the State of Forrida Statutes the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, and brillian and second the collegations of Section 607 ASS, Forrida Statutes SIGNATURE 12. OFFICENS AND DIRECTORS 13. ADDITIONSCHANGES TO OFFICENS AND DIRECTORS IN 12 12. OFFICENS AND DIRECTORS 13. ADDITIONSCHANGES TO OFFICENS AND DIRECTORS 14. ADDITIONSCHANGES TO OFFICENS AND DIRECTORS IN 12 15. ADDITIONSCHANGES TO OFFICENS AND DIRECTORS IN 12 16. ADDITIONSCHANGES TO OFFICENS AND DIRECTORS IN 12 17. ADDITIONSCHANGES TO OFFICENS AND DIRECTORS IN 12 18. ADDITIONSCHANGES TO OFFICENS AND DIRECTORS IN 12 19. Addition	23				Country		Traditional Continuation 22			
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SIGNATURE Signature State of Florida Statutes State of Florida State of Florida State of Florida Statutes State of Florida Sta					82	Street Ac	ddress (P.O. Box Number is Not Acceptable)			
11. Pursuant to the provisions of Sochons 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, rish 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 Societon 607 0505, Priorida Statutes. SIGNATURE Signature, function prefail name of equation's equation's equation and accept the obligations of Societon 607 0505, Priorida Statutes. 12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. TITLE 15. TITLE 16. TITLE 17. TITLE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. TITLE 10. TITLE 11. TITLE 11. TITLE 12. TITLE 13. TITLE 14. TITLE 14. TITLE 14. TITLE 15. TITLE 16. THANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. TITLE 10. Change Addition 19. TATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. TITLE 10. TITLE 10. TITLE 10. THANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 11. TITLE 12. TITLE 13. TITLE 14. TITLE 14. TITLE 15. TITLE 16. THANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. TITLE 10. THANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 11. TITLE 12. TITLE 13. TITLE 14. TITLE 15. THANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 15. THANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 16. THANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 17. TITLE 18. TITLE 19. THANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 18. THANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. THANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. THANGE A	3E	minvle fl 33//2			83		ALCOHOLOGICA CONTRACTOR CONTRACTO			
Pursuant to the provisions of Sockons 607 05.02 and 607 1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of Sockons 607 05.05, Florida Statutes agent. I am familiar with, and accept the obligations of Sockons 607 05.05, Florida Statutes agent. I am familiar with, and accept the obligations of Sockons 607 05.05, Florida Statutes agent. I am familiar with, and accept the obligations of Sockons 607 05.05, Florida Statutes agent. I am familiar with, and accept the obligations of Sockons 607 05.05, Florida Statutes agent. I am familiar with, and accept the obligations of Sockons 607 05.05, Florida Statutes agent. I am familiar with, and accept the obligations of Sockons 607 05.05, Florida Statutes agent. I am familiar with, and accept the obligations of Sockons 607 05.05, Florida Statutes agent. I am familiar with, and accept the obligations of Sockons 607 05.05, Florida Statutes agent. I am familiar with, and accept the obligations of Sockons 607 05.05, Florida Statutes agent. I am familiar with, and accept the obligations of Sockons 607 05.05, Florida Statutes agent. I am familiar with, and accept the obligations of Sockons 607 05.05, Florida Statutes agent. I am familiar with, and accept the obligations of Sockons 607 05.05, Florida Statutes agent. I am familiar with, and accept the obligations of Sockons 607 05.05, Florida Statutes agent. I am familiar with, and accept the obligations of Sockons 607 05.05, Florida Statutes agent. I am familiar with, and accept the obligations of Sockons 607 05.05, Florida Statutes agent. I am familiar with, and accept the obligation of Sockons 607 05.05, Florida Statutes agent. I am familiar with, and accept the obligation of Sockons 607 05.05, Florida Statutes agent. I am familiar with, and accept the obligation of Sockons 607 05.05, Florida Statutes agent. I am familiar with, and accept the obligation of Sockons 607 05.05, Florida Statutes agent. I am fa										
11. Presume to Tike provisions of Sections (27) 5607, 5608, Florido Statutes, the above named corporation submits this statement for the purpose of changing its registered agent. I am lamiliar with, and accept the obligations of. Section 607,0505, Florida Statutes Signature					64	City	Fi	85 Zip	Code	
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SIGNATURE Signature hypertor for the control agreed and processed agreed segreed segreed agreed	office or r	egistered agent, or both, in the St.	ate of Florida, Such ch	ange was autho	rized by	the corpo	ration's board of directors. I hereby accept the ap	pointment as	registered	
12.		m tamiliar with, and accept the ou	nigations of, Section 60	77.0505, Fiorida	Statutes	i .				
TILLE TILLE VD UDENTIS TILLE VD DILLON, DENNIS SIREET ADDRESS CITY-S1-2P OLOSMAR FL OLOS	SIGNATURE	Signature, lyped or profed party of registered	agent and title if applicable	(NOTE Rep	istered Age	nt signature re	equired when reinstaling) DATE			
TITLE	·							ID DIRECTO	RS IN 12	
1.3 STREET ADDRESS		VO .		DELETE	1.1 TITLE			Change	☐ Addition	
14 CITY-ST-2P	NAME	DILLON, DENNIS			1.2 NAME					
TITLE	STREET ADDRESS	4750 AUGUSTA AVE			1.3 STREET	ADDRESS				
NAME DILON, DENNIS 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	CITY-ST-ZIP	OLOSMAR FL			1.4 CITY - S	T- ZIP				
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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 informatio 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 a attachment with an address.

GNATURE:

4-10-98

SIGNATURE: