

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P57330 (5) 1. Corporation Name CKM CORPORATION OF ORLANDO			
Principal Place of Business 2307 LAKESIDE DRIVE ORLANDO FL 32803		Mailing Address 2307 LAKESIDE DRIVE ORLANDO FL 32803	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 12/01/1981		4. FEI Number 59-2146876	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Name and Address of Current Registered Agent SHUFFIELD, W CHARLES 2307 LAKESIDE DRIVE ORLANDO FL 32803	
9. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		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 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)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME SHUFFIELD, KAREN STREET ADDRESS 2307 LAKESIDE DRIVE CITY-ST-ZIP ORLANDO FL 32803		11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY-ST-ZIP	
TITLE SD NAME SHUFFIELD, W CHARLES STREET ADDRESS 2307 LAKESIDE DRIVE CITY-ST-ZIP ORLANDO FL 32803		21.1 TITLE 21.2 NAME 21.3 STREET ADDRESS 21.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		31.1 TITLE 31.2 NAME 31.3 STREET ADDRESS 31.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		41.1 TITLE 41.2 NAME 41.3 STREET ADDRESS 41.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		51.1 TITLE 51.2 NAME 51.3 STREET ADDRESS 51.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		61.1 TITLE 61.2 NAME 61.3 STREET ADDRESS 61.4 CITY-ST-ZIP	
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 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.		400002526514 -05/18/98--01008--026 ***150.00	
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/27/98 (407) 425-7010	

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