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FILED

Apr 30 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F83117

(4)

1. Corporation Name

CLIKEN DEVELOPMENT, INC.



Principal Place of Business

4653 MATHIS STREET  
4653  
LAKEWORTH FL 33461  
US

Mailing Address

4653 MATHIS STREET  
4653  
LAKE WORTH FL 33461-5133  
US

2. Principal Place of Business

21 4045 GULFSTREAM Rd

Suite, Apt. #, etc.

22 City & State

23 LAKE WORTH, FLA.

Zip

24 33461

Country

25 US

2a. Mailing Address

26 4045 GULFSTREAM Rd

Suite, Apt. #, etc.

27 City & State

28 LAKE WORTH, FLA.

Zip

29 33461

Country

30 US

3. Date Incorporated or Qualified

05/27/1982

3a. Date of Last Report

04/29/1996

4. FEI Number

59-2291035

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

ROBINS, ELLIS  
12850 FOREST HILL BLVD  
SUITE 200  
WEST PALM BEACH FL 33414

10. 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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME WATSON, KENNETH  
STREET ADDRESS 4653 MATHIS STREET  
CITY-ST-ZIP LAKE WORTH FL

TITLE VD ☐ DELETE

NAME WATSON, TERESA COLE  
STREET ADDRESS 4653 MATHIS STREET  
CITY-ST-ZIP LAKE WORTH FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME WATSON, KENNETH  
1.3 STREET ADDRESS 4045 GULFSTREAM Rd  
1.4 CITY-ST-ZIP LAKE WORTH FL 33461

2.1 TITLE VD ☒ Change ☐ Addition

2.2 NAME WATSON, TERESA  
2.3 STREET ADDRESS 4045 GULFSTREAM Rd  
2.4 CITY-ST-ZIP LAKE WORTH FL 33461

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE

*[Signature]* 4-26-97

CR2E034 (9/96)