

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000000383 (8)**

1. Corporation Name
CK COMMERCIAL, INC.



Principal Place of Business: **14 PIDGEON HILL DR., STE. 300 STERLING VA 20165**
Mailing Address: **14 PIDGEON HILL DR., STE. 300 STERLING VA 20165**

2. Principal Place of Business	2a. Mailing Address
21 950 HERNOON PARKWAY	26 950 HERNOON PARKWAY
22 SUITE 200	27 SUITE 200
23 HERNOON, VA	28 HERNOON, VA
24 22070	29 22070
25	30

3. Date Incorporated or Qualified 01/24/1995	3a. Date of Last Report
4. FFL Number 54-1736489	Applied For Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
				FL

11. Pursuant to the provisions of Sections 607.0602 and 607.1509, 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 607.0035, Florida Statutes.

SIGNATURE

Signature of the person authorized to sign this report

Signature of the person authorized to register the corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	KALLIVOKAS, CHRISTOPHER	
STREET ADDRESS	14 PIDGEON HILL DR., STE. 300	
CITY-ST-ZIP	STERLING VA 20165	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KALLIVOKAS, PATRICIA	
STREET ADDRESS	14 PIDGEON HILL DR., STE. 300	
CITY-ST-ZIP	STERLING VA 20165	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	LEVY, BRUCE M	
STREET ADDRESS	1120 19TH ST. NW, STE. 800	
CITY-ST-ZIP	WASHINGTON DC 20036	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

17 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
18 NAME	
19 STREET ADDRESS	950 HERNOON PARKWAY, #200
20 CITY-ST-ZIP	HERNOON, VA 22070
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	950 HERNOON PARKWAY, #200
24 CITY-ST-ZIP	HERNOON, VA 22070
25 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26 NAME	
27 STREET ADDRESS	
28 CITY-ST-ZIP	
29 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
30 NAME	
31 STREET ADDRESS	
32 CITY-ST-ZIP	
33 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
34 NAME	
35 STREET ADDRESS	
36 CITY-ST-ZIP	
37 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
38 NAME	
39 STREET ADDRESS	
40 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
45 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
46 NAME	
47 STREET ADDRESS	
48 CITY-ST-ZIP	
49 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
50 NAME	
51 STREET ADDRESS	
52 CITY-ST-ZIP	

14. I do 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)(k), 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96 DATE
703/742-6789 PHONE NUMBER

CR2E034 (12/95)