

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

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000000383 (8)
 1. Corporation Name
CK COMMERCIAL, INC.



Principal Place of Business 950 HERNDON PARKWAY SUITE 200 HERNDON VA 22070 US	Mailing Address 950 HERNDON PARKWAY SUITE 200 HERNDON VA 22070 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/24/1995	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 54-1736489	Applied For <input type="checkbox"/> Not Applicable
23. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24. 20170		29. 20170		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**HOLLOWELL, RICHARD
 927 CLINT MOORE ROAD
 BOCA RATON FL 33487**

81. Name GELLMAN, ROBERT	85. Zip Code 33487
82. Street Address (P.O. Box Number is Not Acceptable) 927 CLINT MOORE ROAD	
83. City BOCA RATON	84. State FL

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 *Robert Gellman* (Signature, typed or printed name of registered agent and title, if applicable) **4/16/98** (NOTE: Registered Agent signature required when reinstating) **4/16/98** DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PT	<input type="checkbox"/> DELETE	1.1 TITLE P/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KALLIVOKAS, CHRISTOPHER		1.2 NAME	
STREET ADDRESS 950 HERNDON PARKWAY #200		1.3 STREET ADDRESS	
CITY-ST-ZIP HERNDON VA		1.4 CITY-ST-ZIP	20170
TITLE AS	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KALLIVOKAS, PATRICIA		2.2 NAME	
STREET ADDRESS 950 HERNDON PARKWAY #200		2.3 STREET ADDRESS	
CITY-ST-ZIP HERNDON VA		2.4 CITY-ST-ZIP	
TITLE AS	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEVY, BRUCE M		3.2 NAME	
STREET ADDRESS 950 HERNDON PARKWAY, #200		3.3 STREET ADDRESS	
CITY-ST-ZIP HERNDON VA		3.4 CITY-ST-ZIP	20170
TITLE S	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KALLIVOKAS, SCOTT		4.2 NAME	
STREET ADDRESS 950 HERNDON PARKWAY, #200		4.3 STREET ADDRESS	
CITY-ST-ZIP HERNDON VA		4.4 CITY-ST-ZIP	20170
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE *Robert Gellman* **4/16/98**

CR2E034 (10/97)