SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/1/95: $275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
95 JUL -7 AM 9:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # G25971 (4)

1. Corporation Name
C. K. P. SERVICES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
C/O POLLACK, SUZANNE 3100 PALM AIRE DR. NO POMPANO BCH FL 33069	C/O POLLACK, SUZANNE 3100 PALM AIRE DR. NO POMPANO BCH FL 33069

3. Date Incorporated or Qualified: 03/01/1983
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-2265409 ☐ 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
7. *This corporation has liability for intangible tax under s. 199.032, Florida Statutes* ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
POLLACK, SUZANNE 3100 PALM AIRE DRIVE NORTH POMPANO BEACH FL 33069	81 Name POLLACK CASRA 82 Street Address (P.O. Box Number is Not Acceptable) 3100 PALM-AIRE DR. N. 83 POMPANO BCH, FL. 33069 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 Casra K. Pollack DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	D.P.	☒ Change ☐ Addition
NAME	POLLACK, SUZANNE	1.2 NAME	POLLACK, CASRA	
STREET ADDRESS	3100 PALM AIRE DR, N	1.3 STREET ADDRESS	3100 PALM-AIRE DRIVE N.	
CITY-ST-ZIP	POMPANO BCH, FL 00000	1.4 CITY-ST-ZIP	POMPANO BCH. FL 33069	
TITLE	TD	2.1 TITLE	T.D	☒ Change ☐ Addition
NAME	POLLACK, CASRA	2.2 NAME	BNYDER, RICHARD	
STREET ADDRESS	3100 PALM AIRE DR, N	2.3 STREET ADDRESS	906 W. CYPRESS LANE	
CITY-ST-ZIP	POMPANO BCH, FL 00000	2.4 CITY-ST-ZIP	POMPANO BCH. FL. 33069	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (3/95)

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)(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: Casra K Pollack DP 6/10/95 (305) 974-4450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000001 CP