

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 22 AM 11:03

DOCUMENT # **J87358** (4)

1. Corporation Name  
**C.K.P. ENTERPRISES, INC.**

Principal Place of Business Mailing Address  
**273 NE 166TH STREET** % **TIMOTHY J. PHELAN**  
**4959 SW 101 AVE** **4959 SW 101 AVE**  
**NORTH MIAMI BEACH FL 33162** **COOPER CITY FL 33328-1029**  
**US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/10/1987** 3a. Date of Last Report **07/01/1994**  
4. FEI Number **59-2846048** 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

2. Principal Place of Business 2a. Mailing Address  
21 **273 NE 166TH STREET** 26 **4959 SW 101 AVE**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 **NORTH MIAMI BEACH FL** 28 **COOPER CITY FL**  
Zip Country Zip Country  
24 **33162** 25 **US** 29 **33328-4029** 30 **US**

9. Name and Address of Current Registered Agent  
**PHELAN, TIMOTHY J.**  
**4959 SW 101 AVE**  
**COOPER CITY FL 33329-4029**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL 33328-4029**

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 re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

NAME	<b>P</b>
NAME	<b>PHELAN, TIMOTHY J.</b>
STREET ADDRESS	<b>4959 SW 101 AVE</b>
CITY - ST - ZIP	<b>COOPER CITY FL</b>
NAME	<b>S</b>
NAME	<b>PHELAN, KATHLEEN</b>
STREET ADDRESS	<b>4959 SW 101 AVE</b>
CITY - ST - ZIP	<b>COOPER CITY FL</b>
NAME	<b>T</b>
NAME	<b>PHELAN, CONSTANCE</b>
STREET ADDRESS	<b>4959 SW 101 AVE</b>
CITY - ST - ZIP	<b>COOPER CITY FL</b>
NAME	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
NAME	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 113.07(3)(b), 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 the report as required by Chapter 607, Florida Statutes; and that my name appears on Block 12 or Block 13 of this filing, or on an attachment with an address.

SIGNATURE: Timothy J. Phelan **2-15-95** **305-956-3740**  
SIGNATURE AND TYPED NAME OF BUSINESS OFFICER OR DIRECTOR (Date) (Telephone No.)  
**TIMOTHY J. PHELAN PRESIDENT**