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

PROFIT CORPORATION ANNUAL REPORT 1997

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J90112

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C & K INTERNATIONAL OF TAMPA, INC.

FILED	
May 16 1997 8:00an	n
Secretary of State	

Principal Place of Business Mailing Address							
4836 N. ARMENIA AVE. P.O. BOX 152226 TAMPA FL 33684		4836 N. ARMENIA AVE. P.O. BOX 152226 TAMPA FL 33684-2226					
TAMPA TE OCA	•		, , , , , , , , , , , , , , , , , , ,		<ol> <li>Date Incorporated or Qualified 09/01/1987</li> </ol>	03/14/1996	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			59-2861258	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be		
23		28		Trust Fund Contribution	☐ Added to Fees		
Zip	Country	Zip	Countr	у	8. This corporation has liability fo	r intangible tax under s. 199.032,	
24	25 29 30		30		Florida Statutes  10. Name and Address of New R		
<u> </u>	9. Name and Address of Currer	nt Registered Agent	8.	Name	10. Name and Address of New H	legistered Agent	
	VALIERATOS, PHILIP						
	96 N. ARMENIA AVE. MPA FL 33603		82	Street Add	dress (P.O. Box Number is Not Accepta	able)	
1 1747	WLW LE 22002		B:	5			
			8		·	85 Zip Code	
	·			'			
office or agent. I signature					rporation submits this statement for the ation's board of directors. Thereby accurate when religible to the original of the original origina	ept the appointment as registered	
12.		ID DIRECTORS	13.	gent signature requ	ADDITIONS/CHANGES 10 OFF		
TITLE	STD	☐ DELFTE	1.1 7111.5			Change Addition	
NAME	KAVALIERATOS, NURYSELL		12 NAMI				
STREET ADDRESS			1,3 STRE	T ADDRESS			
CITY-ST-ZIP	TAMPA FL		1,4 CITY	SI-7IF			
TITLE	PD PATON DUILID	DETELE,	2111111			Change Addition	
NAME	KAVALIERATOS, PHILIP 4836 N. ARMENIA AVE.		2.2 NAMI				
STREET ADDRESS	TAMPA FL		2,3 STRE 2 4 CHY	IT ADDRESS			
CITY-ST-ZIP	TAME A LE	DELETE	3 1 7111.6	- 51-711		Change Addition	
NAME			3,2 NAM	:			
STREET ADDRESS			3,3 S1RF	ET ADDRESS			
CITY-ST-ZIP			3,4. C(1)	- \$1 - 7(P			
TITLE		DELETE.	4,1 10 LE			Change Addition	
NAME			4 2 NAM	E			
STREET ADDRESS			43 STRE	T ADDRESS			
CITY-ST-ZIP		Locien	4,4 CHY			Change Addition	
TITLE		DELETE	5.1 1111.6			THE CHANGE THE WOOMEN	
NAME	,		5,2 NAM	1			
STREET ADDRESS	S			ET ADDRESS			
CITY-ST-ZIP		DELFTE	5,4 C(1) 6,1 T(1) L(1)			Change Addition	
I THE		_ Dutile	Q T III E			Control of the contro	

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.