Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90114 014 ***155.00

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

PROFIT CORPORATION ANNUAL REPORT

1999

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

 Corporation 	MENT # J98925 CK ENTERPRISES, INC.				
Principal Place	e of Business	Mailing Address		1 ISBIICS BUID IBIBLIDITE (SILES 1984) BUIL	HIL STATE ST
•		200 INTERNATIONAL DR			
		#807			
CAPE CARNAVAL FL 32920		CAPE CANAVERAL FL 32920	ı	DO NOT WRITE IN T	HIS SPACE
US		US		3. Date Incorporated or Qualifed	
				10/26/1987	
2. Principal P	lace of Business	2a. Mailing Address		4, FEI Number	Applied For
21		26		59-2852720	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	The state of the s	27	the Character and Artifacture	- Adiatotio'ol's amosis dell'astrona	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	Country	8. This corporation owes the current year	
24	25		10	Personal Property Tax.	☐ Yes No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registe	red Agent
· · · · · · · · · · · · · · · · · · ·				EARSON, WILLIAM E	Γ
PEARSON, WILLIAM J.			82 Street Add		
125 CLEVELAND AVE #26			200	INTERNATIONAL De.	#807
COCOA BEACH FL 32931			83		
			24 65		85 Zip Code
			84 City CAPE	CANAVERAL	FL 32920
office or r	egistered agent, or both, in the State o m familiar with, and accept the obligati	f Florida. Such change was aut ons of, Section 607.0505, Florid	norized by the corporation and statutes.	poration submits this statement for the purpos tion's board of directors. I hereby accept the a	ppointment as registered
	Signature, typed or printed name of registered agent		Registered Agent signature requi	The state of the s	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	Change Addition
TITLE	DP	☐ DELETÉ	1,1 TITLE		C ontarige C Addition
NAME	PEARSON, WILLIAM J.		1.2 NAME		
STREET ADDRESS	200 INTERNATIONAL DR #807		1.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CANAVERAL FL		1.4 CITY-ST-ZIP	the state of the s	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		ł
STREET ADDRESS			2.3 STREET ADDRESS		į
CfTY-ST-Z#P ≃	Andrew to the second se	The second of th	:2.4 CITY-ST-ZIP+ ^		and the second of the second o
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
J			4.3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE	I	I I DELETE	64 TITLE		☐ Change ☐ Addition Ì
NAME		☐ DELETE	5.1 TITLE 5.2 NAME		Change Addition
		∐ DELETE	5.2 NAME		☐ Change ☐ Addition
STREET ADDRESS		☐ DELETE	5.3 STREET ADDRESS		. ☐ Change ☐ Addition
CITY-ST-ZIP			5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	5.3 STREET ADDRESS		Change Addition

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, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DATE OF DATE OF DESCRIPTION OF THE OFFICER OF DIRECTOR DATE OF D

6.3 STREET ADDRESS

- CR2F034 (11/98)