


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

FILED
May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K 51288 1. Corporation Name C.K.B. Enterprises, Inc..					
Principal Place of Business 115 West Olympia Avenue Post Office Drawer 511447 Punta Gorda, FL 33951-1447		Mailing Address 115 West Olympia Avenue Post Office Drawer 511447 Punta Gorda, FL 33951-1447			

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/14/1988		3a. Date of Last Report 05/01/96	
21		26		4. FEI Number 65-0130573		Applied For <input type="checkbox"/> Not Applicable	
22	State, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Zip	29	Country	30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Hackett, Jack O. 115 West Olympia Avenue Punta Gorda, Florida 33950				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY-STATE-ZIP
	DS	2922 SE 28th Street	Okeechobee, FL				
	Womble, D.B.						
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY-STATE-ZIP
	D/VP	3089 Stefani Road	Cantonment, FL				
	Caro, Edward						
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY-STATE-ZIP
	DPT	Shipyard Lane	Pocasset, MA.				
	Kingman, Thomas						
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY-STATE-ZIP
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY-STATE-ZIP

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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: THOMAS KINGMAN 3/14/97 506 564 4001
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/mo/yr Phone #

CR2E034 (9/96)