

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

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Mar 12 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 # **K53187** (6)

1. Corporation Name
C.M.K., INC.

Principal Place of Business
**C/O CHUNI PARBHU
2997 APALACHEE PARKWAY
TALLAHASSEE FL 32301**

Mailing Address
**C/O CHUNI PARBHU
2997 APALACHEE PARKWAY
TALLAHASSEE FL 32301-3679**



3. Date Incorporated or Qualified **12/16/1988** 3a. Date of Last Report **04/04/1996**

2. Principal Place of Business
21 **CHUNI PARBHU C/O DAYS INN**

2a. Mailing Address
26 Suite, Apt. #, etc.

4. FEI Number **59-2926839** Applied For
Not Applicable

22 **1350 W. TENNESSEE ST.**

27 City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 **TALLAHASSEE**

28 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 **FL 32304** 25 **LEON**

29 Zip Country 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**FOTOPULOS, THOMAS E., ESQ.
315 EAST MADISON ST.
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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.

NATURE

Signature of the current registered agent and the new agent, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1	D	<input type="checkbox"/> DELETE
NAME	PARBHU, CHUNI	
STREET ADDRESS	2997 APALACHEE PKWY	
CITY - ST - ZIP	TALLAHASSEE FL	
2	P	<input type="checkbox"/> DELETE
NAME	JIVAN, MANOO	
STREET ADDRESS	1350 W. TENNESSEE STREET	
CITY - ST - ZIP	TALLAHASSEE FL	
3	D	<input type="checkbox"/> DELETE
NAME	KISHORE KANJI C/O ECONO LODGE	
STREET ADDRESS	141 PARK AVE	
CITY - ST - ZIP	JACKSONVILLE FL	
4		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
5		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
6		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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 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.

SIGNATURE:

MANOO JIVAN

2/7/97 904 222 3219

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0045561

CR2E034 (9/96)