

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # K85100

(1)

1. Corporation Name
CCKSS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -3 PM 1:24

Principal Place of Business
C/O MICHAEL L. CORBO
1222 S.W. PELICAN CRESCENT
PALM CITY FL 34990
US

Mailing Address
C/O MICHAEL L. CORBO
1222 S.W. PELICAN CRESCENT
PALM CITY FL 34990

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		2a		05/03/1989		02/11/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0120293		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		☒ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing		☐ \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution			
24		25		29		30	
Zip		Country		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

CORBO, MICHAEL L.
1222 S.W. PELICAN CRESCENT
PALM CITY FL 34990

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

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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	CORBO, MICHAEL L.	1.2 NAME	
STREET ADDRESS	1222 SW PELICAN CR	1.3 STREET ADDRESS	
CITY - ST - ZIP	PALM CITY FL	1.4 CITY - ST - ZIP	
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	CORBO, JOAN P.	2.2 NAME	
STREET ADDRESS	1222 SW PELICAN CR	2.3 STREET ADDRESS	
CITY - ST - ZIP	PALM CITY FL	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	COY, ROBERT H.	3.2 NAME	
STREET ADDRESS	1084 N.W. SPRUCE RIDGE	3.3 STREET ADDRESS	
CITY - ST - ZIP	STUART FL	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	SERRA, JOSE E.	4.2 NAME	
STREET ADDRESS	1740 S.W. CRANE CREEK	4.3 STREET ADDRESS	
CITY - ST - ZIP	PALM CITY FL	4.4 CITY - ST - ZIP	
TITLE	VD	5.1 TITLE	☐ Change ☐ Addition
NAME	COY, CAROLYN	5.2 NAME	
STREET ADDRESS	1084 N.W. SPRUCE RIDGE	5.3 STREET ADDRESS	
CITY - ST - ZIP	STUART FL	5.4 CITY - ST - ZIP	
TITLE	VD	6.1 TITLE	☐ Change ☐ Addition
NAME	KREMER, RICHARD	6.2 NAME	
STREET ADDRESS	45 LONG POINT DR.	6.3 STREET ADDRESS	
CITY - ST - ZIP	BRICK TOWN, N. J.	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Michael L. Corbo* PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL L. CORBO

1-27-95

407-283-5058

Date

Telephone Number