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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # L06243

(4)

C K Y W, INC. Principal Place of Business Mailing Address KENT J. HENRY 806 DUYAL ST KEY WEST FL 33040 KEY WEST FL 33040-7406						3. Date Incorporated or Qualified 3a. Date of Last Report			
						07/31/1989		/04/1996	oport
2. Principal	Place of Business	2a. Mailing Addr	ress			4. FEI Number			plied For
21		26				65-0137471		No	ot Applicable
Suite, Δρ 22	·	Suite, Apt. #	, etc.			5. Certificate of Status Desired	×	\$8.75 . Fee Re	
City & Sta 23	a10	City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 bebbA	
Zip 24]	Country 25	Zip 29	30	Country		8. This corporation has liability Florida Statutes	Yes	1 0	. 199.032,
	9. Name and Address	s of Current Registered Agent			T	10. Name and Address of New	Registered	Agent	
	nry, kent j.			81	Name				
	6 DUVAL ST EY WEST FL 33040			82	Street Add	dress (P.O. Box Number is Not Accep	otable)		
				83					
		A		84	City		FI	85 Zip	Code
agent I SIGNATURE	Silgnature of the arryled name o	Projective age of the it applicable	H,Z',H	enky	ſ	rporation submits this statement for the ation's board of directors. I hereby adjusted when reinstating) ADDITIONS/CHANGES TO OF	G-1-	9/	
THE) D /		ELETE	1 1 TITLE	T			Change	Addition
NAME	HENRY, KENT J.			1.2 NAME	1				
STREET ADDRESS				1.3 STREET	ADDRESS				
CHY-ST ZIP	KEY WEST FL			1.4 CITY - S	ST-ZIP				
1111.6		D		2.1 TITLE				Change	Addition
NAME STREET LOOK OF	0			2.2 NAME	1 10000000				
STHEFT ADDRESS	>			23 STREET					
CITY-ST-ZIF TITLE		D		2.4 CHY-S 3.1 TITLE	01-21			Change	Addition
NAME				3.2 NAME					
STREET ADDRESS	5		ļ	3.3 STREET	ADDRESS				
CHTY - ST - ZIP				34. C/TY-5	ST-ZIP				
HILE	The same of the sa	D	ELETE	4.1 TITLE				Change	Addition
NAME				4. 2 NAME	1				
STREE! ACCRES	s		į	4.3 STREET	ADDRESS				
CiTY - ST - ZiP		T10	ELETE	4.4 CITY-S	ST-ZIP			Chanas	
THE		טו		5.1 TITLE				Change	L. Addilion
NAME STREET ADDRESS	e		1	52 NAME	ADDRESS				
	°			5.3 STREET	AUUNCSS				
CITY-ST-ZIF	1			SACITY O	27-710				
TIFLE		TIN	ELETÉ	5.4 CITY-S	ST-ZIP			Change	Addition
TIFLE NAME		□ D	ELETÉ	6.1 TITLE	ST-ZIP			Change	Addition
NAMé	4		ELETE	6.1 TITLE 6.2 NAME		***************************************		Change	Addition
	S	D	ELETÉ	6.1 TITLE	ADDRESS			Change	Addition

14. I do he only 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 of supplemental annual report is true and occurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the compliant, or the received profusele empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if garded, or of an allage years with an address.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNAND OFFICER OR ORDECTO

KENTJ.HENLY, Pres

4-1-97

305-294-8211

FILED

Apr 09 1997 8:00am

Secretary of State

0140630