

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # L62659 (2)

1. Corporation Name  
CCAK, INC.



Principal Place of Business

Mailing Address

% BEW REGISTERED AGENT CORPORATION  
2300 CORPORATE BLVD N.W. #137  
BOCA RATON FL 33431

% BEW REGISTERED AGENT CORPORATION  
2300 CORPORATE BLVD N.W. #137  
BOCA RATON FL 33431

3. Date Incorporated or Qualified  
03/30/1990

3a. Date of Last Report  
04/11/1995

2. Principal Place of Business

2a. Mailing Address

21 ISSIE KATZ

26 ISSIE KATZ

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 6757 STARKEY'S PL

27 6757 STARKEY'S PLACE

City & State

City & State

23 LAKE WORTH, FL

28 LAKE WORTH, FL

Zip

Country

Zip

Country

24 33467

25 PALM BEACH

29 33467

30 PALM BEACH

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEW REGISTERED AGENT CORPORATION  
2300 CORPORATE BLVD N W  
#137  
BOCA RATON FL 33431

81 Name

ISSIE KATZ

82 Street Address (P.O. Box Number is Not Acceptable)

6757 STARKEY'S PLACE

83

LAKE WORTH, FL

84 City

FL 85 Zip Code

33467

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 of officer or director of the corporation and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

4/24/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME KATZ, ISSIE  
STREET ADDRESS 6757 STARKEY'S PLACE  
CITY - ST - ZIP LAKE WORTH FL

☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

TITLE D  
NAME KATZ, ETTIE  
STREET ADDRESS 6757 STARKEY'S PLACE  
CITY - ST - ZIP LAKE WORTH FL

☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96

(407) 968-0173

Date

Daytime Phone #

CR2E034 (12/95)