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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3-1-95 8-50%
CORPORATION
ANNUAL REPORT
1995
FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M99668 (9)
1. Corporation Name
CKC INVESTMENTS, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business
% THOMAS H. WARLUCK
14 E. WASHINGTON ST., SUITE 500
ORLANDO FL 32801
Mailing Address
% THOMAS H. WARLUCK
14 E. WASHINGTON ST., SUITE 500
ORLANDO FL 32801

3. Date Incorporated or Qualified
09/21/1988
3a. Date of Last Report
07/01/1994

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

4. FEI Number
59-2907554
Applied For
Not Applicable
5. Certificate of Status Desired
\$8.75 Additional
Fee Required
6. Election Campaign Financing
Trust Fund Contribution
\$5.00 May Be
Added to Fees
7. This corporation has liability for intangible tax under S. 190.032,
Florida Statutes
Yes No

9. Name and Address of Current Registered Agent
WARLUCK, THOMAS H.
14 E. WASHINGTON ST.
SUITE 500
ORLANDO FL 32801

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 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 title if applicable
NOTE: Registered Agent signature required when terminating
DATE

12. OFFICERS AND DIRECTORS
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PST
CLARK, CHRISTINE M.
14 E. WASHINGTON ST.#500
ORLANDO FL
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
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CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP
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: Christine K Clark
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Christine M. Clark - President
4/24/95
0063117 CP