FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 16 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N20176

(6)

C. C. K. C., INC.

Principal Place	of Business	Malling Address		1 10 3 111 11 11 11 11 11 11 11 11 11 11 11	AT 4 1001 OF DEE BEEL BADAL DEDIT BEDEL 1081	
9715 5€ ST. NO. P.O. BOX 16886 TAMPA FL 33687		9715 56 ST. NO. P.O. BOX 16866 TAMPA FL 33687-6866				
				3. Date Incorporated or Qualified 04/16/1987	3a. Date of Last Report 05/01/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number NOT APPLICABLE	Applied For	
21] Suite, Apt. #, etc		26 Suite, Apt. #, etc.		NOT APPLICABLE	Not Applicable	
22		27		5. Certificate of Status Desired	S8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
Zip Country		28 Country		Trust Fund Contribution		
Zip 24	25	Zip 29	Countr 30	Y	8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes 1 No
24	9. Name and Address of Curr		1301		10. Name and Address of New Registered Agent	
			81	Name		
FISCHER, JIMMY C				Street Add	ress (P.O. Box Number is Not Acceptable	۵۱
	NDERSON BLVD.					9,
tampa f	L 33609		83			
			84	City		FL 85 Zip Code
11. Pursuani t	o the provisions of Sections 617.05	502 and 617.1508, Florida Statu	ites, the abov	e-named corp	poration submits this statement for the pu	urpose of changing its registered
office or re agent. I ar	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. Such change was igations of, Section 617,0503. F	: authorized b Florida Statute	y the corporat s.	tion's board of directors. I hereby accept	the appointment as registered
SIGNATURE _	•	•				
	Signature, typed or printed name of registered a			eni signature requi	red when reinstaling)	DATE
12.	DP OFFICERS A	ND DIRECTORS DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	GRATTAN, JOHN F	1,2 N				First Avenifier First Montion
STREET ADDRESS	10405 N HARTTS DR	•		T ADDRESS		
CITY-ST-ZIP	TAMPA FL 33617		1.4 CITY-			
TITLE	DS					☐ Change ☐ Addition
NAME	RIVERA, ANGEL S		2.2 NAME	į		
STREET ADDRESS	1918 TEEPEE DR		2.3 STREE	T ADDRESS		
CITY-ST-ZIP	TAMPA FL 33618	T DELETE	2. 4 CITY-	ST-ZIP		
TITLE	dt Jordan, Joseph J	☐ DELETE	3.1 TITLE 3.2 NAME			Change Addition
NAME STREET ADDRESS	8738 EDNAM PLACE			T ADDRESS		
CITY-ST-ZIP	TAMPA FL 33604		3.4. CITY-			
TITLE		DELETE	4.1 TITLE	<u> </u>		☐ Change ☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY - ST - ZIP		the state of the s	4.4 CITY -	ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS				T ADORESS		
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY- 6.1 TITLE	ST-ZIP		☐ Change ☐ Addition
NAME		LJ PELLE	62 NAME			C Autoride C volution
STREET ADDRESS			- 6	ADDRESS	a set	
CITY-ST-ZIP			6.4 CITY-			
14. Ldo hereb	y certify that the information suppli	ed with this filing does not qua	lify for the ex	mption stated	d in Section 119.07(3)(i), Florida Statutes	I further certify that the
intormation I am an of appears in	n indicated on this annual report of ficer or director of the corporation n Block 12 or Block)13 if Thangeo,	r supplemental annual report is or the receiver or trustee empo- oil on an attachment with an ac	true and acc wered to exer idress.	urate and that cute this repor	t my signature shall have the same legal rt as required by Chapter 617, Florida St	effect as if made under oath; that atutes; and that my name