FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1998			DIVISION OF CORPORATIONS		IONS	Secretary of State
DOCU 1. Corporation	MENT #	N20176	(6)			
C. C. I	K. C., INC.					
						Î HACÎNÎRÎ BÎN CINÎN ROJAN KANÎN KANÎN DÎN DINÎN D
Principal Plac	on of Business		Mailing Address			
) '			_			
9715 56 ST. NO. P.O. BOX 16866			9715 56 ST. NO. P.O. BOX 16866			3. Date Incorporated or Qualified
TAMPA FL 3368			TAMPA FL 33687			04/16/1987 4. FEI Number Applied For
						NOT APPLICABLE Not Applicable
\$ 			2a. Mailing Address			5. Certificate of Status Desired \$8.75 Additional
21 26 Suite, Apt. #, etc Suite, Apt.						Fee Required
22 Suite, Apr.	#, 0 1C, ►	2	Suite, Apt. #, etc.		-	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
City & Stat	e		City & State			7. Is this nonprofit corporation a homeowners association?
23		2				☐ Yes 🔏 No
Zìp	<u> </u>	Country	Zip	Countr	У	8. This corporation owes or has pald the current year Intangible
24	9. Name and	2 Address of Current Re		30		Personal Property Tax due June 30.
	52 (1-111-1-11)		<u></u>	81	Name	
FISCHER	R, JIMMY C			82	Stroot	eet Address (P.O. Box Number is Not Acceptable)
3315 HENDERSON BLVD.					Street	et Address (F.O. Box Number is Not Acceptable)
TAMPA FL 33609				83	83	
]				84	City	/ 85 Zip Code
44 Pursuant	to the provinces	of Continue 617 0502 and	N 817 1509 Elevida Statu	toe the above	/o named	FL 30 Lip document for the purpose of changing its registered
office or r	egistered agent, o	or both, in the State of Fl	orida, Such change was	authorized b	y the corp	ned corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
1	m tamiliar with, ar	accept the obligations	s of, Section 617.0503, F	iorida Statute	s.	
SIGNATURE.	Signature, typed or print	ad name of registered agent and	title if applicable. (NO	TE: Registered Ag	ent signature	ature required when reinstating) DATE
12.		OFFICERS AND DIF		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP		DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GRATTAN, JO			1.2 NAME		
STREET ADDRESS	10405 N HAF			1	TADDRESS	35
CITY-ST-ZIP TITLE	TAMPA FL 33	901/	DELETE	1.4 CITY - : 2.1 TITLE	ST-ZIP	☐ Change ☐ Addition
NAME	RIVERA, ANG	Ei Q	— MEELIC	2.1 TILLE 2.2 NAME		Contained The Addition
STREET ADDRESS	1918 TEEPER				T ADDRESS	00
CITY-ST-ZIP	TAMPA FL 33			2.4 CITY-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
TITLE	DT		DELETE	3.1 TITLE	31-ZIF	Change Addition
NAME	JORDAN, JOS	SEPH J		3.2 NAME	i	
STREET ADDRESS	8738 EDNAM			3.3 STREET	T ADDRESS	35
CITY-ST-ZIP	TAMPA FL 33	604		3.4. CITY-	ST-ZIP	
TITLE			DELETE	4,1 TITLE		Change Addition
NAME				4. 2 NAME		
STREET ADDRESS				4.3 STREET	TADORESS	xs
CITY-ST-ZIP				4.4 CITY - 5	ST-ZIP	
TITLE			DELETE	5.1 TITLE		Change Addition
NAME				5.2 NAME		
STREET ADDRESS				5.3 STREET		is
CITY-ST-ZIP			I per ere	5.4 CITY - S	iT-ZIP	Change Addition

14. I hereby certify that the information indicated on this annual report or si officer or director of the corporation Block 12 or Block 13 if changed or polled with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information obtained 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 the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in

6,2 NAME

6.3 STREET ADDRESS

SIGNATURE:

NAME STREET ADDRESS

FILED

Feb 03 1998 8:00am