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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N20176

1. Corporation Name

C. C. K. C., INC.

Principal Place of Business

Mailing Address

9715 56 ST. NO.
P.O. BOX 16866
TAMPA FL 33687

9715 56 ST. NO.
P.O. BOX 16866
TAMPA FL 33687



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/16/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		NOT APPLICABLE	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
Country		Country		Trust Fund Contribution <input type="checkbox"/>	
24		29		30	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FISCHER, JIMMY C
3315 HENDERSON BLVD.
TAMPA FL 33609

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRATTAN, JOHN F	1.2 NAME	
STREET ADDRESS	10405 N HARTTS DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33617	1.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVERA, ANGEL S	2.2 NAME	
STREET ADDRESS	1918 TEEPEE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33618	2.4 CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN, JOSEPH J	3.2 NAME	DT
STREET ADDRESS	8738 EDNAM PLACE	3.3 STREET ADDRESS	Giorlando J. Conte
CITY-ST-ZIP	TAMPA FL 33604	3.4 CITY-ST-ZIP	7810 North 53rd St.
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Tampa, Florida 33617
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Angel S. Rivera REQUIRED

4/23/99

813 969-4026

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)