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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:44

DOCUMENT # **P11664** **(0)**

1. Corporation Name

CKP-SILVESTER, FRASER & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
6200 COURTNEY CAMPBELL CAUSEWAY #590 TAMPA FL 33607 US	6200 COURTNEY CAMPBELL CAUSEWAY #590 TAMPA FL 33607 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/02/1986
3a. Date of Last Report: 02/18/1994

2. Principal Place of Business	2a. Mailing Address
21 101 E. Kennedy Blvd.	26 101 E. Kennedy Blvd.
Suite, Apt. #, etc. 22 Suite 2420	Suite, Apt. #, etc. 27 Suite 2420
City & State 23 Tampa, FL	City & State 28 Tampa, FL
Zip / Country 24 33602 25 USA	Zip / Country 29 33602 30 USA

4. FEI Number: 52-1473971 ☐ 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. 199.032, Florida Statutes ☐ Yes ☒ No

8. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FRASER, H MCCORD 6200 COURTNEY CAMPBELL CAUSEWAY STE. 590 TAMPA FL 33607	81 Name: H. McCord Fraser 82 Street Address (P.O. Box Number is Not Acceptable): 101 E. Kennedy Blvd. 83 Suite 2420 84 City: Tampa FL 85 Zip Code: 33602

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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	FRASER, H. MCCORD	1.2 NAME	H. McCord Fraser	
STREET ADDRESS	6200 COURTNEY CAMPBELL CAUSEWAY, 590	1.3 STREET ADDRESS	101 E. Kennedy Blvd., Ste. 2420	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tampa, FL 33602	
TITLE	VTD	2.1 TITLE	VTD	☒ Change ☐ Addition
NAME	SILVESTER, LARRY E.	2.2 NAME	Larry E. Silvester	
STREET ADDRESS	6101 NW 11TH STREET	2.3 STREET ADDRESS	6303 NW 11th Street	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL 33126	
TITLE	V	3.1 TITLE	V	☒ Change ☐ Addition
NAME	REX, ALBERT G.	3.2 NAME	Albert G. Rex	
STREET ADDRESS	6101 NW 11TH STREET	3.3 STREET ADDRESS	13790 NW 4th Street, Ste. 109	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Sunrise, FL 33325	
TITLE	VSD	4.1 TITLE	~~VSD~~	☒ Change ☐ Addition
NAME	KRAMER, JOHN R.	4.2 NAME	~~John R~~	
STREET ADDRESS	429 4TH AVENUE, 1100	4.3 STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH PA	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 04-05-95 813-221-7750
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0442760 FP