

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra G. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -9 AM 11:48

DOCUMENT # **P94000022963 (0)**

1. Corporation Name
C.K.L. WORLDWIDE, INC.

Principal Place of Business Mailing Address
**214 MARGATE CT
SUITE 7
MARGATE FL 33063** **214 MARGATE CT
SUITE 7
MARGATE FL 33063**

DO NOT WRITE IN THIS SPACE

9. Date Incorporated or Qualified 30. Date of Last Report
03/21/1994

21. Principal Place of Business 214 MARGATE CT	26. Mailing Address 8355 21ST SW	4. FEL Number 65-0476538	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc. #7	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State MARGATE FLA	28. City & State VERO BEACH	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip 33063	25. Country Broward	29. Zip 32962	30. Country INDIAN

9. Name and Address of Current Registered Agent DUBROW-DUKER & ASSOCIATES, P.A. 2840 UNIVERSITY DR CORAL SPRINGS FL 33065	10. Name and Address of New Registered Agent 81. Name RONALD J. LAPPERT 82. Street Address (P.O. Box Number is Not Acceptable) 8355 21ST SW 83. City VERO BEACH 84. State FLORIDA 85. Zip Code 32962
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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 **RONALD J. LAPPERT** & **Ronald J. Lappert** DATE **8/4/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PT	LAPPERT, RONALD J	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	214 MARGATE CT SUITE 7	2. NAME	
STREET ADDRESS	MARGATE FL 33063	3. STREET ADDRESS	
CITY - ST - ZIP		4. CITY - ST - ZIP	
TITLE VS	KOLP, SHARON A	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	120 S.W. 89TH WAY	2.2 NAME	
STREET ADDRESS	CORAL SPRINGS FL 33071	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		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		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: **RONALD J. LAPPERT** DATE **8/3/95** **467-564-0346**