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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sanora B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1	9	9	6

P94000066535

DOCUMENT # 1. Corporation Name

CNK Inc. of	- Douth Fle	rida		
Principal Place of Business	Mading Address	Mading Address		
				a. Date of Last Report March 30/1995
			Sept. 6, 1994	Applied For
2. Principal Place of Business $_{21}$ 20/ $_{NW}$ 13/ $_{AV}$	2a. Mailing Address 6. 26 201 NW	131 Ave	65-055-2750	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	27		5. Certificate of Status Desired [Fee Required
City & State Flantation FL	28 Pantatio-		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 25 USA	29 33325 s	Country S A	8. This corporation has liability for inta	₽No
9. Name and Address of C	urrent Registered Agent		10. Name and Address of New Regi	
Was: P. Agan	(Maiden Name)	81 Name	Kimberly P. Sm	ith
	urrent Registered Agent (Maiden Name) yal Palm Blud. 5 195 FL 33065	82 Street Ac	Idress (P.O. Box Number is Not Acceptable)	0
10343 No	yal falm Block.	63	// 0 /3/ //-	
Suite 30	5 _			
Coral Sprin	igs FL 33065	84 City P	lantation	FL 85 Zip Code 333 25
Pursuant to the provisions of Sections 607 or registered agent, or both, in the State of familiar with, and accept the obligations of	.0502 and 607.1508, Florida Statutes,	the above named corp	noration submits this statement for the purpos	se of changing its registered office
or registered agent, or both, in the State of familiar with, and accept the obligations of.	* Honda: Such change was authorized , Section 607.0505, Florida Statutés.	by the corporation so	pard dydrectors, the appoint	.nent as registered agent. Fairt
SIGNATURE Kimberly P.	Smith KUM	uny 1, c	V//// (Apr 5/96
Signature, type flor pented number of regeltere	atagenda attronage अर्थ (२०१६) RS AND D:RECTORS	Registered Qualification (e)	ADDITIONS/CHANGES TO OFFICE	BS AND DIRECTORS IN 12
TILE OF FICER	[] DELETE	1 1 T I I F	PRESIDENT	☐ Change ☐ Addition
NAME		1.2 NAME	CIMBERLY PATRICIA	SMITH
STREET ADDRESS		1.3 STREET ADDRESS	101 NW 131 Avenu	e
C(TY-ST-ZIP			PLANTATION FL	
TITLE	☐ DELETE	2 1 TITLE	Secretary	Change Addition
NAME		22 NAME	Snegory Robert SM	17 4
STREET ADDRESS		2.3 STREET ADDRESS	PLANTATION FL	e 33325-2213
CITY - ST - ZIP	E one		PLAN 14110N FL	Change Addition
TILE	☐ DELETE	3 1 TITLE		□ change □ Addition
NAME		3 2 NAMÉ		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY - ST - ZIP TITLE	DELETE	3.4 C/TY-ST-7/P		Change Addition
		4.2 NAME		
NAME STREET ADDRESS		4.3 STHEET ADDRESS		
STREET ADDRESS CITY-SI-ZIP		4.4 CITY - ST ZIP	والمناو والمال والمال والمال والمال والمال والمال	پیس ر شم پرستان و شد
TILE	DELETE	5 1 TIFLE		Change Addition
NAME		5.2 NAME	***208.75	3002
STREET ADDRESS		5 3 STREET ADDRESS	***CUO, 10	
CITY·SI·ZIP		5.4 CHY ST-ZIP		
TITLE	☐ DELĒTĒ	6 1 T:T1F		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STHEET ADDRESS	Ú.	-11-96 JE
CITY-ST-ZIP		6.4 CHY-ST-ZIP		
14. Ldo bereby certify that the information sur	ablied with this filma is voluntarily forms!	hed and does not qual-	ty for the exemption stated in Section 119.07	(3){k], Florida Statutes. I further

I do hereby certify that the information supplied with this tiling is voluntiarily turnished and obes not quarry for the excitor from the control of the con

SIGNATURE:

SIGNATURE AND TYPED OF ANTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregory R. Smith Apr3/16 (954) 475-9573