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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000041763 (0)

1. Corporation	CK INSURANCE OF ORLA		F1763 (1).	U)) (84/184) (10 (86/2) 4/10) 4/10)		
Principal Piac	e of Business	Mailir	ng Address	***************************************				
% JOHN A. TAGGART 2455 S. ORANGE BLOSSOM TRAIL APOPKA FL 32703		9	% JOHN A. TAGGART 2455 S. ORANGE BLOSSOM TRAIL APOPKA FL 32703					
						3. Date Incorporated or Qualified 05/26/1995	3a. Date of Last Report	
2. Principal P	2. Principal Place of Business		2a. Mailing Address			4. FEI Number 22/9936	Applied For	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired	Not Applicable \$8.75 Additional	
City & Stat	0		City & Stato			6. Election Campaign Financing	Fee Required \$5.00 May Be	
Zip 24	Zip Country		p	Country 30		Trust Fund Contribution 8. This corporation has liability for the Contribution of the	intangible tax under s 199.032,	
	24 [25] [29] [: 9. Name and Address of Current Registered Agent				Florida Statutes Yes XNo 10. Name and Address of New Registered Agent			
				81	Name		adisteran where	
LUBRANO, ANDREW J					Street	t Address (P.O. Box Number is Not Acceptab	ile)	
	AST KENNEDY BLVD. 3700, Barnett Plaza				. 			
TAMP	A FL 33602			83				
•	•			84	City		Fi 85 Zip Code	
11. Pursuant i or register	to the provisions of Sections 607.05 red agent, or both, in the State of Fil	02 and 607.19 orida. Such ch	508, Florida Statute ange was authorize	is, the above-n	amed or	corporation submits this statement for the pur s board of directors. I hereby accept the appo	pose of changing its registered office	
	th, and accept the obligations of, Se	ection 607,050	5, Florida Statutes.	, and	AUMONG	э роаго от штоскога. Тпогору ассерт те аррс	Dintment as registered agent. I am	
SIGNATURE	Signature, typed or printed namic of registered ag	ont acc title if applic	catile (NO	YE: Registered Agent	sionature r	required within reinstating)	DATE	
12.	OFFICERS A	ND DIRECTO	RS	13.		ADDITIONS/CHANGES TO OFFI		
TITLE			DELETE	1 1 TITLE		$\boldsymbol{\mathcal{D}}$	Change 14 Addition	
NAME STREET ANNOUSES	STREET ADDRESS		12 NAME		TAGGART, John H.			
CITY-ST-ZIP			1.3 STREET ADDRESS 2		TAGGART, John A. 2465 S. Orange BK Apop KA, FL 327	ossom IK		
TITLE		P. M. M. P. A. C. A. C. M.		1.4 City-St 2. 1 Tille	- ZIP	Apop KA, HE 327	03	
NAME			E. 254	2.2 NAME		,	Change Addition	
STREET ADDRESS	STREET ADDRESS			2 3 STREET ADDRESS				
City-St-Zip					- ZIP			
TITLE	☐ DELETE		3. 1 T/TLE			Change Addition		
NAME				3.2 NAME	ļ		<u> </u>	
STREET ADDRESS				33 STREET	ADDRESS			
City-St-ZiP	A			34 CITY-ST	-ZIP			
TITLE NAME	☐ DETELE		4 11mie			Change Addition		
NAME STREET ADORESS				4.2 NAME		سير رسين الهي المستور وستو وستو المستور		
STREET ADDRESS CHY-ST-ZIP				4 3 STREET A		# # UUUU 1 8151	<u> </u>	
TITLE	DELETE		4.4 C(1) Y - S1	-7 P	40000183 -05/23/96010 ***200.00	Np015		
NAME			L.J PERKIL	5. 1 TITLE 5.2 NAME		www.con. do	Change Addition	
STREET ADDRESS				5.2 NAME 5.3 STREET A	r-nnege			
CITY - ST - ZIP				5.4 CITY-S1-				
TITLE			DELETE	6.1 HTLE	417		Change Addition	
NAME				6.2 NAME	ļ			
STREET ADDRESS				6.3 STREET A	DORESS			
CITY-SI-ZIP				6.4 CITY - ST-	- 1			
14. Logo beretin	certify that the information supplied	Lucth thin films	مادس المراسم المراميد من	Mandan de la		32.2.4		

14. Loo nereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 pr Block 13 if changed, or on an attachment with an address.

SIGNATURE:

AJURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

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