

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000094145 (6)
1. Corporation Name
CKO, INC.

Principal Place of Business 5422 ASHTON COURT #10 SARASOTA FL 34233	Mailing Address 5422 ASHTON COURT #10 SARASOTA FL 34233
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 12/11/1995	4. FEI Number 59-3353396 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$6.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent OSGOOD, CLAYTON L 830 NORTH BRINK AVENUE SARASOTA FL 34237				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code			
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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 _____ 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	D	OSGOOD, KEVIN B	<input type="checkbox"/> DELETE	1.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	D	OSGOOD, CLAYTON L	<input type="checkbox"/> DELETE	1.2 NAME			
STREET ADDRESS	D	OSGOOD, MARAVENE C	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS			
CITY-ST-ZIP	D	OSGOOD, CLAYTON L	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP			
		830 NO. BRINK AVENUE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
		SARASOTA FL 34237		2.2 NAME			
				2.3 STREET ADDRESS			
				2.4 CITY-ST-ZIP			
				3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				3.2 NAME			
				3.3 STREET ADDRESS			
				3.4 CITY-ST-ZIP			
				4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				4.2 NAME			
				4.3 STREET ADDRESS			
				4.4 CITY-ST-ZIP			
				5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				5.2 NAME			
				5.3 STREET ADDRESS			
				5.4 CITY-ST-ZIP			
				6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				6.2 NAME			
				6.3 STREET ADDRESS			
				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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  4-29-98 (941) 927-8816
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0432170

CR2E034 (10/97)