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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

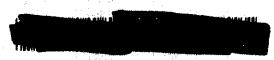
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000037037 .
C. & K Holdings, Inc.

FILED May 01 1997 8:00am Secretary of State



Principal Place	o of Business	Mailing Address		The state of the s		
1129	S. Congress Ave Paum Bch, Fl.					
11)065	Paum Bch Fl.	33406				
0000		-,,		3. Date incorporated or Qualified	3a Date of Last Report	
			To the	4-25-96	A-25-96	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 1122	s. Congress Aug.		ohdress one.	65-0680337	Not Applicable	
Suite, Apt	#, etc.	Sulte, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27			Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
	BCH. FLA	28 W.P.Bay		Trust Fund Contribution	Added to Fees	
Zip 24 3340 l	Country	20 33406	Country	This corporation has Nability for in: Florida Statutes	angible tax under s. 199.032, □ No	
24 334 01	9 Name and Address of Current		30 U.S.A.	10. Name and Address of New Regi		
IOV	NER, CHRISTOPHER SR.		61 Name			
OTHER, CHINOTOFFIER OR.						
W PALM BCH FL 33408			82 Street Add	82 Street Address (P.O. Box Number is Not Acceptable)		
WF	ALM BOTI PL 33400		83		· · · · · · · · · · · · · · · · · · ·	
			<u> </u>			
			84 City		85 Zip Code	
11. Pursuant	to the previsions of Sections 607.0502	and 607 1508, Florida Stal	utes, the above-named cor	poration submits this statement for the pur		
office or r	distered agent, or both, in the State	of Florida. Such change wa	s authorized by the corpora	poration submits this statement for the puration's board of directors. I hereby accept	the appointment as registered	
	\ \ \ /41	7			1+17-47	
SIGNATURE	Signature, typing or printed name of registered age	OHE E TOUMEN	OTE: Registered Agent signature requ	ured when reinstating)	DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICE		
TITLE	P	☐ DELETE		6 2.	Change Maddition	
NAME	JOYNER, CHRISTOPHER SR		12 NAME J	syner, kelli A.		
STREET ADDRESS	3570 LIBBY CT			570 418BY CA.	· .	
CITY-ST-ZIP	WEST PALM BCH FL			. A GCH . PL . 33446		
TITLE	VP	DELETE	2.1 TITLE		Change Addition	
NAME	JOYNER, KELLI A.	Nad.	2.2 NAME			
STREET ADDRESS	3570 LIBBY C T.	riau -	2.3 STREET ADORESS			
CITY+SI-ZIP	WEST PALM BCH FL		2.4 City-St-ZiP			
TITLE	T TOURIED MELLIA	☐ DELETE	3.1 TITLE		Change Addition	
NAME	JOYNER, KELLI A.	ıA ı I	3.2 NAME	5		
STREET ADDRESS	3570 LIBBY CT.	Haa	3.3 STREET ADDRESS			
CITY - ST - ZIP	WEST PALM BOH FL	To a series	3.4 CITY-ST-ZIP		Chance Little	
TITLE "		ELETE	4.1 Title		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS	·		4.3 STREET ADDRESS			
CITY-ST-ZIP		T britte	4.4 CITY-ST-ZIP		A Common of the	
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME		W KILDS	
STREET ADDRESS			5 3 STREET ADDRESS		711 41/97	
CITY-S1-ZIP		FT per Fee	5.4 CITY-ST-ZIP		Change Addition	
TITLE		☐ DELETE	6.1 TITLE	10000216	38B1 LAddition	
NAME			6.2 NAME	1000021É -05/02/970110	00014	
STREET ADDRESS			6.3 STREET ADDRESS	***165.00		
CITY-ST-ZIP	by configuration that the information so-police	d with this filling does not a	6.4 CITY-ST-ZIP		I further certify that the	
informatic	on indicated on this annual report or 6	upplemental annual report i	s true and accurate and the	ed in Section 119,07(3)(i), Florida Statutes at my signature shall have the same legal	effect as if made under oath: that	

1 am an officer or dir appears in Block 17 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name or on an attachment with an address

SIGNATURE

0328360