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

**PROFIT** CORPORATION -ANNUAL REPORT

1999



ELORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000051802

1. Corporation Name

**CKAP CORPORATION** 

Principal Place of Business	Mailing Address
10130 BERTRAM LANE FORT MYERS FL 33912	10130 BERTRAM LANE FORT MYERS FL 33912
	•

## **FILED** Jan 21, 1999 8:00am Secretary of State 01-21-1999 90077 012 \*\*\*158.75



FORT MYERS	FL 33912	FORT MYERS FL 3391	12		DO NOT WRITE IN THIS	SPACE		
· · · · · · · · · · · · · · · · · · ·					3. Date Incorporated or Qualifed			
					06/18/1996		1	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For	٠,
21		26			65-0676297	No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	Additional	7
22	•	27			5. Certificate of Status Desired	Fee Re	quired	
City & Stat	te .	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added t	o Fees	
Zìp	Country	Zip	Zip Country		8. This corporation owes the current year intangible			
24	·  25	29	30	т	Personal Property Tax.		□No	}
<del></del> -	9. Name and Address of Current	Registered Agent		81 Name	10. Name and Address of New Registered A	Agent		}
HUE	THER, CHARLES J			Name			Ì	1
	30 BERTRAM LANE			82 Street Ad	ldress (P.O. Box Number is Not Acceptable)	<u> </u>		
	T MYERS FL 33912			83	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1000 per 124. 4116 31.01	
, 41.				(00)				
		•		84 City	<u></u>	85 Zip C	Code	
MARK PRINTS	60 40 0000		4-4-4		<u> </u>			
office or r	egistered agent, or both, in the State of	Florida'. Such change w	as authorized	by the corpora	rporation submits this statement for the purpose of c tion's board of directors: I hereby accept the appoin	manging its tment as rec	registered gistered	
agent. I a	m familiar with, and accept the obligation	ns of, Section 607.0505	, Florida Stat	utes.			Ì	
SIGNATURE	Signature, typed or printed name of registered agent a	ad titta if applicable	NOTE: Degistered	Agent signature requi	ired when reinstating) . DATE			
12.	OFFICERS AND		13.	Agait agrande requi	ADDITIONS/CHANGES TO OFFICERS AN	DIRECTO	RS IN 12	ĝ
TITLE	Let President	☐ DELETE	E 1.1 T)	TLE	manus of the manus	Change	Addition	1
TITLE NAME	HUETHER, CHARLES J	L] DELETE	1.1 TI 1.2 N/	- 1		Change	Addition	144)
	HUETHER, CHARLES J 10130 BERTRAM LANE	L) DELETI	1.2 N/	- 1	Village de la companya de la company	Change	Addition	-024 (44)
NAME STREET ADDRESS	HUETHER, CHARLES J	[] DELETE	1.2 N/ 1.3 ST	ME	VV ( ) (	Change	Addition	144/ 144/
NAME	HUETHER, CHARLES J 10130 BERTRAM LANE FORT MYERS FL 33912	- Vice DELETI	1.2 N/ 1.3 ST 1.4 C/ E 2.1 T/	TREET ADORESS TY-ST-ZIP TLE		☐ Change	Addition	CD2E024 (44)
NAME STREET ADDRESS CITY-ST-ZIP	HUETHER, CHARLES J 10130 BERTRAM LANE FORT MYERS FL 33912 VIRGINIA HUETHER	- Vice DELETI	1.2 N/ 1.3 ST 1.4 C/ E 2.1 T/	TREET ADORESS TY-ST-ZIP TLE				CD0E024 (44)
NAME STREET ADDRESS CITY-ST-ZIP	HUETHER, CHARLES J 10130 BERTRAM LANE FORT MYERS FL 33912 VIRGINIA HUETHER 10130 Bertram Lane	Vice Delete Wesident/Seco	1.2 N 1.3 ST 1.4 CI E 2.1 TI VETUR 2.2 N	TREET ADORESS TY-ST-ZIP TLE				VD0E024 (44)
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	HUETHER, CHARLES J 10130 BERTRAM LANE FORT MYERS FL 33912 VIRGINIA HUETHER	Vice Delete Wesident/Seco	1.2 NV 1.3 ST 1.4 CI E 2.1 TI VETURY 2.2 NV 2.3 ST	TREET ADORESS TY-ST-ZIP TLE				CD2E024 (44)
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	HUETHER, CHARLES J 10130 BERTRAM LANE FORT MYERS FL 33912 VIRGINIA HUETHER 10130 Bertram Lane FORT MYERS, FL 3391	Vice Delete Wesident/Seco	1.2 No 1.3 ST 1.4 CI E 2.1 TT Vetary 2.2 No 2.3 ST 2.4 C	TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TTY-ST-ZIP				(14)
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	HUETHER, CHARLES J 10130 BERTRAM LANE FORT MYERS FL 33912 VIRGINIA HUETHER 10130 Bertram Lane FORT MYELS, FL 3391	Vice DELETT President/Sect	1.2 No 1.3 ST 1.4 CI E 2.1 TI Vetary 2.2 No 2.3 ST 2.4 C	TY-ST-ZIP TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TTY-ST-ZIP TLE		☐ Change	☐ Addition	CD2E024 (11)
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	HUETHER, CHARLES J 10130 BERTRAM LANE FORT MYERS FL 33912 VIRGINIA HUETHER 10130 Bertram Lane FORT MYELS, FL 3391	Vice DELETT President/Sect	12NV 1.3ST 1.4CI E 2.1 T Vefar 22NV 2.3ST 2.4C E 3.1 T 3.2NV	TY-ST-ZIP TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TTY-ST-ZIP TLE		☐ Change	☐ Addition	CD2E034 (44)
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	HUETHER, CHARLES J 10130 BERTRAM LANE FORT MYERS FL 33912 VIRGINIA HUETHER 10130 Bertram Lane FORT MYELS, FL 3391	Vice   DELETI President/Seci 19.   DELETI	12 NV 1.3 ST 1.4 CI E 2.1 TI 2.2 NV 2.3 ST 2.4 C E 3.1 TI 3.2 NV 3.3 ST 3.4 CI	TY-ST-ZIP TREET ADDRESS TY-ST-ZIP TLE AME TREET ADDRESS TTY-ST-ZIP TLE		☐ Change	Addition  Addition	CD25034 (44)
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	HUETHER, CHARLES J 10130 BERTRAM LANE FORT MYERS FL 33912 VIRGINIA HUETHER 10130 Bertram Lane FORT MYELS, FL 3391	Vice DELETT President/Sect	12 NV 1.3 ST 1.4 CI E 2.1 TI 2.2 NV 2.3 ST 2.4 C E 3.1 TI 3.2 NV 3.3 ST 3.4 CI	TY-ST-ZIP TREET ADDRESS TY-ST-ZIP TLE MME TREET ADDRESS TTY-ST-ZIP TLE MME TREET ADDRESS TTY-ST-ZIP TREET ADDRESS		☐ Change	☐ Addition	CD0E004 (44)
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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 adoptess, with all other like empowered.