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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000044500 (1)

FILED May 18 1998 8:00am Secretary of State

C & K I	MACHINE SHOP, INC.					
Principal Place	e of Business	Mading Address				O TREATMENT THE TOTAL REDIX OUTLA BOTH BOTH BOTH BOTH BOTH BOTH BOTH BOTH
700 NE 90TH	STREET	700 NE 90TH S	TREET			
MIAMI FL 331		MIAMI FL 33138				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						05/20/1997
2. Principal Pl	ace of Business	2a, Mailing Addr	ess			4. FEI Number Applied For
21		26				65-0753521 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.			\$8.75 Additional
22		27				Fee Required
City & State		City & State				B. Election Campaign Financing \$5.00 May Be
23	Country	28 Zip		ountry		Trust Fund Contribution Added to Fees
Zip	25	29	30	Juliny		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No
24	Name and Address of Curre		[30]	T		10. Name and Address of New Registered Agent
KO	PPEN, R. DANIEL		· · · · · · · · · · · · · · · · · · ·	81	Name	0
	NE 90TH STREET			82	Stroot /	at Address (P.O. Box Number is Not Acceptable)
	MI FL 33138			02	300007	(Address (1.0. bbx Number is Not Address)
				83		
				84	City	85 Zip Code
						FL S E S E S E S E S E S E E
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the Stat	602 and 607.1508, Floridae In of Florida, Such char	da Statutes, the ige was authoriz	abovo ed by	e-named the corp	ed corporation submits this statement for the purpose of changing its registered or
agent I a	m familiar with, and accept the obli	gations of, Section 607.	0505, Florida S	atules	3.	, , , , , , , , , , , , , , , , , , , ,
SIGNATURE			The State of the S			ure required when reinstaling) DATE
12.	Signature, typed or printed name of regenerical a CELICY RS A	ND DIRECTORS	INUTE: Registe		mii signalore	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DI		TITLE		Change Addition
NAME	KOPPEN, R. DANIEL		1.2	NAME		
STREET ADDRESS	700 NE 90TH STREET		1.3	STREET	ADDRESS	s
CITY-ST-ZIP	MIAMI FL 33138		1.4	CITY-S	T-ZIP	
TITLE	Ō	□ DI	ELETE 2.1	TITLE		☐ Change ☐ Addition
NAME	CONOVER, PAUL		2.2	NAME		
STREET ADDRESS	700 NE 90TH STREET		2.3	STREET	ADDRESS	;
CITY-ST-ZIP	MIAMI FL 33138			4 CITY - !	S1-ZIP	
TITLE		□ DI		TITLE		☐ Change ☐ Addition
NAME				NAME		
STREET ADDRESS					ADDRESS	;
CITY-ST-ZIP		Пп		I. CITY - S TITLE	ST- ZIP	Change Addition
TITLE		() Di		2 NAME		
NAME CONCET ADDOLCS					ADDRESS	s
STREET ADDRESS				i City-S		,
CITY-ST-ZIP TITLE		D		TITLE	71 - 24	Change Addition
NAME				NAME		
STREET ADDRESS					ADDRESS	S.
CITY+ST-ZIP				CITY-S		
TITLE		□ D		TITLE		☐ Change ☐ Addition
NAME			6.2	NAME		
STREET ADDRESS			6.3	STREET	ADDRESS:	s
CITY-ST-ZIP				CITY - S		
1	and at a set of the set of the set	فصحت مصمام بمسالة مساه عاهلين	accept day they		tion state	ated in Section 119 07(3)(i) Florida Statutes. I further certify that the information

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 informatic 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.