**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P98000027527
1. Corporation Name	1 0000000000000000000000000000000000000

CKA ENTERPRISES, INC.

Principal Place of Business

13205 U.S. HWY 1.STE.500

SIGNATURE:

Mailing Address

13205 U.S. HWY 1.STE.500

## FILED Aug 24, 1999 8:00 am Secretary of State

08-24-1999 90012 025 \*\*\*550.00



JUNO BEACH FL 33408-2242 JUNO BEACH FL 33408-2242			DO NOT WRITE IN THIS SPACE				
		ı			3, Date Incorporated or Qualified 03/23/1998		
2. Principal Place of Business 21 1547 Daos Descript Panes 10 26 1547 Mosfery trans 10			4. FEI Number 0885206 Applied For Not Applicable				
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required				
City & State City & State			cu Fr	6, Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	PALM DEACH, FL Country	28 W457 PACM		untry	Trust Fund Contribution		
24 334	<del></del>	29 33403	30	usA	Intangible Personal Property. Yes No		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
KUF	RTZ, JOHN W	CHARLES ZATRE BALEK					
	05 U.S. HWY 1,STE.500		82 Street A	Address (P.O. Box Number is Not Acceptable)			
JUN	O BEACH FL 33408-2242			83	<u>-</u>		
				24 24	Suite (01 85 Zip Code		
	1			84 City	EST VALM GEACH FL 33403		
11. Pursuant to the provisions of section 507,0502 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, if the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered							
agent. i a SIGNATURE	in familial with, and accept the obligat	, accord 007.0000, 77	CHA	RLES Z	PAPOLEDALEK, INES 8/1999 e required when reinstating)  DATE		
SIGNATURE	Signature, typed or printed ment of registered agent				e required when reinstating)  DATE  DATE		
12.	V VOFFICERS AND		13.	TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D COLLAN COLLANGE	L DELETE		NAME	Change Addition		
NAME	ZATREPALAK, CHARLES			STREET ADDRESS	IEUT PASSERITY FARMS ROAD, STEIDI		
STREET ADDRESS	630 U.S. HWY 1,STE.203 NO. PALM BEACH FL 33408			CITY-ST-ZIP	1547 PROSPERITY FARMS ROAD, STEIDI WEST PALM BEACH, FL 33403		
CITY-ST-ZIP TITLE	NO. FALM BEACH FL 33408	DELETE		TITLE	Change Addition		
NAME		[] Deceie	- i	NAME	ottongo vassav ;		
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP			2.4 (	CITY-ST-ZIP			
TITLE		DELETE	3.17	TITLE	Change Addition		
NAME		_	3.21	NAME			
STREET ADDRESS			3.3 8	STREET ADDRESS			
CITY-ST-ZIP			3.4 (	CITY-ST-ZIP			
TITLE		DELETE	4.11	TITLE	Change Addition		
NAME			4.21	NAME			
STREET ADDRESS			4.3 9	STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		DELETE		TITLE	Change Addition		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP			_	CITY-ST-ZIP			
TITLE		DELETE		TITLE	Change Addition		
NAME				NAME			
STREET AODRESS			1	STREET ADDRESS			
CITY-ST-ZIP		Outs Allian along the smaller of the	6.4 0	CITY-ST-ZIP	section 119.07(3)(i), Florida Statutes. I further certify that the information		
indicated of an officer of	ortify that the information supplied with on this annual report or supplementa- or director of the corporation or the fec 2 or Block 13 if changed, or on an atta-	innual report is true and accu eiver or trustee empowered t	irate and So execu	that my signa te this report a	section 19.07(3)(), Florida Statutes: 1 further certify that the mioritation ture shall have the same legal effect as if made under oath; that I am s required by Chapter 607, Florida Statutes; and that my name appears		