

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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

08-24-1999 90012 025 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P98000027527

1. Corporation Name
 CKA ENTERPRISES, INC.



Principal Place of Business: 13205 U.S. HWY 1, STE. 500, JUNO BEACH FL 33408-2242
 Mailing Address: 13205 U.S. HWY 1, STE. 500, JUNO BEACH FL 33408-2242

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/23/1998
 4. FEI Number: 65-0885206
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property: Yes No

2. Principal Place of Business: 21 1547 Prosperity Farms Rd, Suite, Apt. #, etc.: 22 SUITE 101, City & State: 23 WEST PALM BEACH, FL, Zip: 24 33403, Country: 25 USA
 2a. Mailing Address: 26 1547 Prosperity Farms Rd, Suite, Apt. #, etc.: 27 SUITE 101, City & State: 28 WEST PALM BEACH, FL, Zip: 29 33403, Country: 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KURTZ, JOHN W
 13205 U.S. HWY 1, STE. 500
 JUNO BEACH FL 33408-2242

81 Name: CHARLES ZATREPALAK
 82 Street Address (P.O. Box Number is Not Acceptable): 1547 PROSPERITY FARMS ROAD
 83 SUITE 101
 84 City: WEST PALM BEACH FL, 85 Zip Code: 33403

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: CHARLES ZATREPALAK, PRES 8/19/99
 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	<input type="checkbox"/> DELETE
NAME	ZATREPALAK, CHARLES	
STREET ADDRESS	630 U.S. HWY 1, STE. 203	
CITY-ST-ZIP	NO. PALM BEACH FL 33408	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1547 PROSPERITY FARMS ROAD, STE 101
1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33403
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: CHARLES ZATREPALAK, PRES 8/19/99 561-840-0420
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)