


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).

0106510

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000034749					
1. Corporation Name CJK DESIGNS, INC.					
Principal Place of Business 1401 S. 9TH ST. LEESBURG FL 34748			Mailing Address 1401 S. 9TH ST. LEESBURG FL 34748 P.O. Box 492060 Leesburg, FL 34749-2060		

FILED

99 JUL 20 PM 6:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/10/1998	
21 Suite, Apt. #, etc.		26 P.O. Box		4. FEI Number 59-3505554	
22 City & State		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Leesburg, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 34749-2060		8. This corporation owes the current year Intangible Personal Property. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent WEED, JOHN D 1401 S. 9TH ST. LEESBURG FL 34748				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

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		Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
1.1 TITLE		1.2 NAME		1.3 STREET ADDRESS	
D		KNOWLES, CHARLES J		1401 S. 9TH ST. LEESBURG FL 34748	
1.4 CITY-ST-ZIP		1.5 TITLE		1.6 NAME	
LEESBURG FL 34748		VP/S/T/D		Weed, John D.	
		1.7 STREET ADDRESS		1401 S. 9th St.	
		1.8 CITY-ST-ZIP		Leesburg, FL 34748	
		1.9 TITLE		D	
		1.10 NAME		Patricia A. Peters	
		1.11 STREET ADDRESS		7214 Harbor View Dr.	
		1.12 CITY-ST-ZIP		Leesburg, FL 34788	
		1.13 TITLE			
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		1.100 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: **P.A. Peters, Director** 7-10-99 352-326-3320

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

CJK DESIGNS, INC.
P.O. BOX 492060, LEESBURG, FL 34749-2060

591112-90008-18
P98000034749

July 10, 1999

Florida Department of State
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

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RE: Annual Report 1999 for CJK Designs, Inc.
Document #P98000034749

Gentlemen:

I am writing to request abatement of the \$550.00 late filing fee on the above captioned account.

When your second request form arrived I knew something odd had occurred. On review of my file copies I saw that the original form had been completed on March 4, 1999 and delivered to my associate for signing and payment.

After several weeks I finally was able to contact Mr. John Weed, the Treasurer of CJK Designs, and found that his wife was critically ill and was undergoing cancer treatment in another city. Mr. Weed had not reviewed the company records since his wife became ill, and in fact had not been able to find the original documents I had forwarded to him for payment.

I am including a copy of my record copy of the original document I prepared, plus I have completed and signed the second form you sent to Mr. Weed. Also enclosed is a check for the Annual Fee of \$150.00 which we hope you will accept in view of the unusual circumstances in this case.

Should proof of Mr. Weed's wife's illness be required please advise and I will obtain a medical statement verifying her condition.

If an other information is required please advise and I will provide it to you.

Thank you in advance for your understanding and assistance.

Sincerely,

CJK DESIGNS, INC.



Patricia A. Peters
Director

Encl.
cc: J. Weed
File