

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # P98000058530**

1. Corporation Name  
**CKS, INC.**

Principal Place of Business  
**2006 ST. VINCENT ST.  
TAMPA FL 33607**

Mailing Address  
**2006 ST. VINCENT ST.  
TAMPA FL 33607**

**FILED**  
**Apr 19, 1999 8:00 am**  
**Secretary of State**

04-19-1999 90124 006 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>3817 NORTHGREEN AVE</b>		2a. Mailing Address 26 <b>P.O. Box 272637</b>		3. Date Incorporated or Qualified <b>06/29/1998</b>	
Suite, Apt. #, etc. 22 <b>1602</b>		Suite, Apt. #, etc. 27		4. FEI Number Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
City & State 23 <b>TAMPA, FL</b>		City & State 28 <b>Tampa, FL</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip 24 <b>33624</b>		Zip 29 <b>33688</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Country 25 <b>Hillsborough</b>		Country 30 <b>Hillsborough</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>FAIRCHILD, CHRIS 2006 ST. VINCENT ST. TAMPA FL 33607</b>				10. Name and Address of New Registered Agent	
				81 Name <b>CHRIS FAIRCHILD</b>	
				82 Street Address (P.O. Box Number is Not Acceptable) <b>3817 NORTHGREEN AVE #1602</b>	
				83	
				84 City <b>TAMPA</b>	
				85 Zip Code <b>FL 33624</b>	

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 Chris Fairchild DATE 4/16/99  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FAIRCHILD, CHRIS</b>	1.2 NAME	<b>CHRIS FAIRCHILD</b>
STREET ADDRESS	<b>2006 ST. VINCENT ST.</b>	1.3 STREET ADDRESS	<b>3817 NORTHGREEN AVE #1602</b>
CITY-ST-ZIP	<b>TAMPA FL 33607</b>	1.4 CITY-ST-ZIP	<b>TAMPA, FL 33624</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VANDERLEELIE, SHANE</b>	2.2 NAME	
STREET ADDRESS	<b>3316 NORTHLAWN DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL 33618</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Chris Fairchild **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/16/99 DAYTIME PHONE # (813) 908-8587

CR2E034 (1/98)