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 # POSOCOGGE/3

 Corporation 	CK ACQUISITION CORF	PORATION						
Principal Place	e of Business	Mailing Addres	s		A SAMESTAND OF SAME SAME IN CO.			
890 SEAWARD DRIVE 890 SEAWARD DRIVE INDIAN RIVER SHORES FL 32963 INDIAN RIVER SHORES FL 32963					DO NOT			
					 Date Incorporated or Qua 08/05/1998 			
Principal Place of Business 2a. Mailing Address			dress		4. FEI Number			
21		26			59-3526591			
Suite, Apt.	#, etc.	Suite, Apt. :	#, etc.		5. Certifcate of Status Desir			
City & State	•	City & State	е		Election Campaign Finan Trust Fund Contribution			
Zip	Country 25	Zip 29	Country 30	This corporation owes the Personal Property Tax.				
	9. Name and Address of Co	urrent Registered Agent			10. Name and Address of h			
			81	Name	•			
CALDWELL, WILLIAM W 756 BEACHLAND BLVD.			82	Street Add	ress (P.O. Box Number is Not Ad			
VER(D BEACH FL 32963		83					
			84	City				
office or re agent. I ar	to the provisions of Sections 603 egistered agent, or both, in the S m familiar with, and accept the c	State of Florida, Such cha	inge was authorized by	the corporati	poration submits this statement fo on's board of directors. I hereby			
SIGNATURE								

Mar 06, 1999 8:00 am Secretary of State 03-06-1999 90124 044 ***150.00

E INDENNIÈ IN EL INC		I BURN HANNI AND	

890 SEAWARD DRIVE INDIAN RIVER SHORES FL 32963		890 Seaward Drive Indian River Shores Fl	890 SEAWARD DRIVE INDIAN RIVER SHORES FL 32963		DO NOT WRITE IN THIS	SPACE	=		
						3. Date Incorporated or Qualifed 08/05/1998			
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Арр	tied For
21		26	<u> </u>			59-3526591		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.	75 A	dditional
22		27				5. Certificate of Status Desired	<u> </u>	e Rec	uired
City & State	9	City & State				6. Election Campaign Financing			Лау Ве
23		28				Trust Fund Contribution		lded to	Fees
Zip	Country	Zip				8. This corporation owes the current year Int		. 1	¬
24	25		30			Personal Property Tax.	Yes	<u> </u>	□No
	9. Name and Address of Cu	irrent Registered Agent	81	ı	Name	10. Name and Address of New Registered	Agent		_
CALI	DWELL, WILLIAM W		0.	'	Name				
	BEACHLAND BLVD.		82	2	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	D BEACH FL 32963		83						
•=:	O DESCRIPTE DEDUC		100	1					
			84	1	City	FI	85	Zip C	ode
		10500 1 007 1000 Firstly Charles	- 455-	1		oration submits this statement for the purpose of	changir	on ite r	enistered
office or re	egistered agent, or both, in the S	itate of Florida. Such change was at	ithorized by	/ th	ne corporation	n's board of directors. I hereby accept the appoi	ntment	as reg	istered
agent. I a	m familiar with, and accept the o	bligations of, Section 607.0505, Flor	ida Statute:	S.					
SIGNATURE	Signature, typed or printed name of registere	d accept and title if applicable (NOTE:	Registered Age	ent s	signature required	when reinstating) DATE	•		
12.		S AND DIRECTORS	13.	,	Agricio I oquile	ADDITIONS/CHANGES TO OFFICERS AF	ND DIRE	CTO	RS IN 12
TITLE		☐ DELETE	1.1 TITLE		P	resident & Director	Cha	ange	Addition
NAME			1.2 NAME		W	Varren L. Schwerin			
STREET ADDRESS			1.3 STREE	T A	ODRESS 8	90 Seaward Drive			
CITY-ST-ZIP			1.4 CITY-5	ST-Z	ZIP V	ero Beach, FL 32963			
TITLE		☐ DELETE	2.1 TITLE			Director	Cha	ange	X Addition
NAME			2.2 NAME		R	Richard Kreitler			
STREET ADDRESS			2.3 STREE	TA	ODRESS 2	55 Indian Harbor Road			
CITY-ST-ZIP			2. 4 CITY-	ST-	ZIP V	ero Beach, FL 32963			
TITLE		☐ DELETE	3.1 TITLE		D	Director	☐ Cha	ange	Addition
NAME			3.2 NAME		R	Richard H. Gordon			
STREET ADDRESS			3.3 STREE	TA		25 Deercliff Road			
CITY-ST-ZIP			3.4. CITY-	ST-	I .	von, CT 06001			. **
TITLE		☐ DELETE	4.1 TITLE			Director	☐ Cha	ange	Addition
NAME			4. 2 NAME	•	- 1	rederick M. Blaicher			
STREET ADDRESS			4.3 STREE	ETA	INDEECC	770 Indian River Blvd.			
CITY-ST-ZIP			4.4 CITY-5	ST-Z		ero Beach, FL 32963			
TITLE		☐ DELETE	5.1 TITLE		D	Director ´	☐ Ch	ange	Addition
NAME			5.2 NAME			Anthony C. Woodruff			
STREET ADDRESS			5.3 STREE		D	Box 795			
CITY-ST-ZIP			5.4 CITY-5	ST-Z	ZIP D	Porset, VT 05251			
TITLE		☐ DELETE	6.1 TITLE		I	ecretary	☐ Cha	ange	Addition Addition
NAME			6.2 NAME		S	herri D. Wilson			
STREET ADDRESS			6.3 STREE	:TA	DDRESS 1	00-25 Chateau Lane			

14. I hereby certify that the information supplied with this flying 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 shiell have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of trostee 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:

2/24/99

914-694-1090