

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

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90212 028 \*\*\*150.00

DOCUMENT # P98000086049

1. Corporation Name  
CCK REAL ESTATE, INC.

Principal Place of Business  
777 BAYSHORE DRIVE, APT 1201  
FORT LAUDERDALE FL 33304

Mailing Address  
777 BAYSHORE DRIVE, APT 1201  
FORT LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1998

4. FEI Number

54-0867849

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

7. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 1650 Prudential Dr.

Suite, Apt. #, etc.

22 Ste. 400

City & State

23 Jacksonville, FL

Zip

24 32207

Country

25 USA

2a. Mailing Address

26 1650 Prudential Dr.

Suite, Apt. #, etc.

27 Ste. 400

City & State

28 Jacksonville, FL

Zip

29 32207

Country

30 USA

9. Name and Address of Current Registered Agent

HALL, DONALD R  
777 BAYSHORE DRIVE, APT 1201  
FORT LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name

Robert M. Rhodes

82 Street Address (P.O. Box Number is Not Acceptable)

1650 Prudential Dr., Ste. 400

83

84 City

Jacksonville

FL

85 Zip Code

32207

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 607.0605, Florida Statutes.

SIGNATURE

Robert M. Rhodes, SVP

4-28-99

DATE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

12 NAME

D/P

13 STREET ADDRESS

P. Michael Reininger

14 CITY-ST-ZIP

1650 Prudential Dr., Ste. 400

2.1 TITLE ☐ Change ☒ Addition

22 NAME

D

23 STREET ADDRESS

Jeffrey W. Harris

2.4 CITY-ST-ZIP

1650 Prudential Dr., Ste. 400

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME

V/T

3.3 STREET ADDRESS

Michael N. Regan

3.4 CITY-ST-ZIP

1650 Prudential Dr., Ste. 400

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

V/S

4.3 STREET ADDRESS

Robert M. Rhodes

4.4 CITY-ST-ZIP

1650 Prudential Dr., Ste. 400

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE Robert M. Rhodes, V/S

4/28/99

904/396-6600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0201158