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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

S53698

(4)

FILED May 19 1998 8:00am Secretary of State

C & K	INVESTMENTS, INC.	()			I BARN BOOK RIRK RIRK BOOK (BB)
Principal Place	e of Business	Mailing Address			L BYBIY BYBIY BYBIY BYBIY BYBIY 1181
17912 CACHET ISLE TAMPA FL 33647 US		17912 CACHET ISLE TAMPA FL 33647 US		DO NOT WRITE IN T	THIS SPACE
00		Vo		3. Date Incorporated or Qualified	
				05/20/1991	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3072012	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	0	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	
Zip	Country	Zip	Country	8. This corporation owes or has paid th	e current year Intangible
24	25		30	Personal Property Tax due June 30.	Yes No
	Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New Registe	ered Agent
MARSHALL, CARLTON F 17912 CACHET ISLE TAMPA FL 33647				ddress (P.O. Box Number is Not Acceptable)	
			84 City		FL 85 Zip Code
SIGNATURE	Othe provisions of Sections 607 050 ogistered agent, or both, in the State in familiar with, and accept the obligations by the obligations by the obligations of the	ations of Section 607,0505, Flor	rida Statutes.	orporation submits this statement for the purpor ration's hoard of directors. I hereby accept the	se of changing its registered appointment as registered
12.	OFFICERS AND	·	Registered Agent signature rec	quired where reinstating) DA ADDITIONS/CHANGES TO OFFICERS	
TITLE	D PRESIDENT	DELETE	1.1 THE	VICE PRESIDENT	Change Addition
NAME	MARSHALL, CARLTON F.		1.2 NAME	MARSHALL, KATHERINE	The Manual Manua
STREET ADDRESS	17912 CACHET ISLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-S1 - ZIP	17912 CACHET ISLE	
TITLE		DELETE	2.1 TITLE	TAMPA, FL 33647	Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS	•	· *
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DÉLETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4 1 11TLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			6.9 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

Thereby cortify 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