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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S89033** (2)

1. Corporation Name

CKM REALTY, INC.



Principal Place of Business

Mailing Address

**345 ENTERPRISE STREET
OCOOEE FL 34761**

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OCOOEE FL 34761**

3. Date Incorporated or Qualified

10/21/1991

3a. Date of Last Report

04/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOEPKER, TODD M
2300 SUNBANK CTR 200 S ORANGE AVE
ORLANDO FL 32802**

81 Name

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

83

84 City

FL

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

(Sign or type or print name of registered agent and then sign)

(Print Registered Agent signature help (if when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE

NAME **COOKE, LAURENCE H.**
STREET ADDRESS **803 MILL STREET**
CITY-STATE-ZIP **WATERTOWN NY**

2. TITLE ☐ DELETE

NAME **MATICE, GARY**
STREET ADDRESS **P.O. BOX 102 N/A**
CITY-STATE-ZIP **CHAUMONT NY**

3. TITLE ☐ DELETE

NAME **KELLEY, PETER J.**
STREET ADDRESS **6350 METROWEST BLVD**
CITY-STATE-ZIP **ORLANDO FL**

4. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

1. TITLE ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS

14 CITY-STATE-ZIP

2. TITLE ☐ Change ☐ Addition

21 NAME
22 STREET ADDRESS

23 CITY-STATE-ZIP

3. TITLE ☐ Change ☐ Addition

31 NAME
32 STREET ADDRESS

33 CITY-STATE-ZIP

4. TITLE ☐ Change ☐ Addition

41 NAME
42 STREET ADDRESS

43 CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition

51 NAME
52 STREET ADDRESS

53 CITY-STATE-ZIP

6. TITLE ☐ Change ☐ Addition

61 NAME
62 STREET ADDRESS

63 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Laurence H. Cooke VP **LAURENCE H. COOKE**

2/14/96

407-877-3100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)