

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Linda B. Matheson
Secretary of State
TALLAHASSEE, FLORIDA 32304-0001

APPROVED
AND
FILED

MAY 11 AM 10:41

DOCUMENT # V59162

(0)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C & K DESIGN CORPORATION

487 PINELLAS BAYWAY
TIERRA VERDE FL 33715

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TIERRA VERDE FL 33715

DO NOT WRITE IN THIS SPACE

2. Principal Office of Business		2a. Mailing Address		3. Certificate Provided or Quashed		3a. Date of Last Report	
21		26		08/19/1992		01/13/1994	
22		27		4. FEI Number		Applied For	
23		28		65-0397371		Not Applicable	
24		25		5. Certificate of Status Desired		Not Applicable	
29		30		6. Election Campaign Financing		\$8.75 Additional Fee Required	
29		30		7. Election Campaign Financing		\$5.00 May Be Added to Fees	
29		30		8. This corporation has liability for intangible tax under S. 190.032, Florida Statutes		Yes No	

9. Name and Address of Current Registered Agent

HANSHAW, LYNN E.
7480 HOBSON STREET NORTHEAST
ST. PETERSBURG FL 33702

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 607.1505, Florida Statutes.

SIGNATURE *Lynn E. Hanshaw*

12. Registered Agent Signature (Agent must be a resident of Florida)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	PTD	1. TITLE	RTD
2. NAME	CRAMER, SCOTT	2. NAME	Edna Barnes
3. STREET ADDRESS	745 PINELLAS BAYWAY #106	3. STREET ADDRESS	487 Pinellas Bayway
4. CITY, ST., ZIP	TIERRA VERDE FL	4. CITY, ST., ZIP	Tierra Verde FL 33715
5. TITLE	VSD	5. TITLE	
6. NAME	KATZ, SANFORD	6. NAME	
7. STREET ADDRESS	487 PINELLAS BAYWAY	7. STREET ADDRESS	
8. CITY, ST., ZIP	TIERRA VERDE FL	8. CITY, ST., ZIP	
9. TITLE		9. TITLE	
10. NAME		10. NAME	
11. STREET ADDRESS		11. STREET ADDRESS	
12. CITY, ST., ZIP		12. CITY, ST., ZIP	
13. TITLE		13. TITLE	
14. NAME		14. NAME	
15. STREET ADDRESS		15. STREET ADDRESS	
16. CITY, ST., ZIP		16. CITY, ST., ZIP	
17. TITLE		17. TITLE	
18. NAME		18. NAME	
19. STREET ADDRESS		19. STREET ADDRESS	
20. CITY, ST., ZIP		20. CITY, ST., ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.032(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and is calculated 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 prepare this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 1, 2, or Block 3 of this report, and that I am a resident of Florida.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/5/95 813-866-8796