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 # V61203

C.K. MANAGEMENT CORPORATION

FILED Jan 25, 1999 8:00am **Secretary of State**

01-25-1999 90007 028 ***150.00

Principal Place	of Business	Mailing Address		==		
11417 HARBORS	SIDE CIRCLE	11417 HARBORSIDE CIRCLE				
LARGO FL 3377		LARGO FL 33773		DO NOT WRITE IN THIS SPACE		
US -		US			3. Date Incorporated or Qualifed	
					08/31/1992	
		T			4. FEI Number	Applied For
2. Principal Pla	ace of Business	2a. Mailing Address			59-3228480	Not Applicable
21		26			.09-0220400	\$8.75 Additional
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.		,	5. Certifcate of Status Desired	Fee Required
22	<u> </u>	27				
City & State	•	City & State			6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	<u> </u>	28			Trust Fund Contribution	
Zip	Country	Zip	Country	y	8. This corporation owes the current year	Yes No
24	25	29 3	0		Personal Property Tax. 10. Name and Address of New Register	
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Register	. , ,
11437	TO MAYINEEN		01	Name	·	
HAYL	ES, KATHLEEN	82 Street		Street Add	ddress (P.O. Box Number is Not Acceptable)	
	7 HARBORSIDE CIRCLE		<u> </u>			grad – grad drav Sudi krali 1995. Produkt vidi Sudi Sudi Rija (1971)
LARG	GO FL 33773		83	8		
		•	84	City		85 Zip Code
i. Dan din mesasah	in partition of the control of the c	grade the first of the second				- L its registered
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	s, the above	/e-named com	poration submits this statement for the purposition's board of directors. I hereby accept the appropriate the purposition of th	ppointment as registered
office or r	egistered agent, or both, in the State of m familiar with, and accept the obligation	ons of Section 607.0505, Florid	ia Statute	S.	•	
agent. La	m familiar with, and accept the obligation	,				
agent. I a	m tamillar with, and accept the obligation					
agent. I a	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Age		red when reinstating): DATE	
agent. I a		and title if applicable. (NOTE: R	Registered Age		ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12
agent. I a	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: F	13.	ent signature requir	and which the same and the same	
agent. I a SIGNATURE 12.	Signature, typed or printed name of registered agent OFFICERS AND D HAYES, KATHLEEN	and title if applicable. (NOTE: R	Registered Age	ent signature requir	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12
agent. I a SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND D HAYES, KATHLEEN 11417 HARBORSIDE CIRCLE	and title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME	ent signature requir	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12
agent. I a SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND D HAYES, KATHLEEN	and title if applicable. (NOTE: R DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE	ent signature requir	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND D HAYES, KATHLEEN 11417 HARBORSIDE CIRCLE	and title if applicable. (NOTE: R	13. 1.1 TITLE 1.2 NAME 1.3 STREE	ent signature requir	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND D HAYES, KATHLEEN 11417 HARBORSIDE CIRCLE	and title if applicable. (NOTE: R DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE	ent signature requir	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12 Change Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND D HAYES, KATHLEEN 11417 HARBORSIDE CIRCLE	and title if applicable. (NOTE: R DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1 2.1 TITLE 2.2 NAME	ent signature requir	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12 Change Addition
Agent. Ta SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND D HAYES, KATHLEEN 11417 HARBORSIDE CIRCLE	and title if applicable. (NOTE: R DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1 2.1 TITLE 2.2 NAME	ET ADDRESS ET ADDRESS	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12 Change Addition Change Addition
Agent. Ta SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND D HAYES, KATHLEEN 11417 HARBORSIDE CIRCLE	and title if applicable. (NOTE: R DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ST-ZIP	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12 Change Addition
Agent. Ta SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE	Signature, typed or printed name of registered agent OFFICERS AND D HAYES, KATHLEEN 11417 HARBORSIDE CIRCLE	and title if applicable. (NOTE: R DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TRLE 2.2 NAME 2.3 STREE 2.4 CITY-	ET ADDRESS ST-ZIP ET ADDRESS .ST-ZIP	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12 Change Addition Change Addition
Agent. Ta SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND D HAYES, KATHLEEN 11417 HARBORSIDE CIRCLE LARGO FL 33773	and title if applicable. (NOTE: R DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-1 3.1 TITLE 3.2 NAME	ET ADDRESS ST-ZIP ET ADDRESS .ST-ZIP	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12 Change Addition Change Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND D HAYES, KATHLEEN 11417 HARBORSIDE CIRCLE LARGO FL 33773	and title if applicable. (NOTE: R DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-1 3.1 TITLE 3.2 NAME 3.3 STREE	ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12 Change Addition Change Addition
Agent. Ta SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND D HAYES, KATHLEEN 11417 HARBORSIDE CIRCLE LARGO FL 33773	and title if applicable. (NOTE: R DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-1 3.1 TITLE 3.2 NAME	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ST-ZIP ST-ZIP	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12 Change Addition Change Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND D HAYES, KATHLEEN 11417 HARBORSIDE CIRCLE LARGO FL 33773	and title if applicable. (NOTE: F) DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 3.4 CITY- 4.1 TITLE	ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12 Change Addition Change Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME	Signature, typed or printed name of registered agent OFFICERS AND D HAYES, KATHLEEN 11417 HARBORSIDE CIRCLE LARGO FL 33773	and title if applicable. (NOTE: F) DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.2 NAME	ent signature require ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12 Change Addition Change Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND D HAYES, KATHLEEN 11417 HARBORSIDE CIRCLE LARGO FL 33773	and title if applicable. (NOTE: F) DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 TITLE 4.2 NAME 4.3 STREE 4.2 NAME 4.3 STREE 4.3 STREE	ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12 Change Addition Change Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP CONTACTOR OF THE CONTA	Signature, typed or printed name of registered agent OFFICERS AND D HAYES, KATHLEEN 11417 HARBORSIDE CIRCLE LARGO FL 33773	and title if applicable. (NOTE: F) DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.2 ITTLE 4.2 NAME 4.3 STREE 4.4 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-	ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND D HAYES, KATHLEEN 11417 HARBORSIDE CIRCLE LARGO FL 33773	and title if applicable. (NOTE: F) DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 4.4 CITY- 5.1 TITLE	ET ADDRESS ST-ZIP	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP CONTACTOR OF THE CONTA	Signature, typed or printed name of registered agent OFFICERS AND D HAYES, KATHLEEN 11417 HARBORSIDE CIRCLE LARGO FL 33773	and title if applicable. (NOTE: F) DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.1 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME	ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP ET ADDRESS -ST-ZIP	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND D HAYES, KATHLEEN 11417 HARBORSIDE CIRCLE LARGO FL 33773	and title if applicable. (NOTE: F) DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.2 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE	ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature, typed or printed name of registered agent OFFICERS AND D HAYES, KATHLEEN 11417 HARBORSIDE CIRCLE LARGO FL 33773	and title if applicable. (NOTE: F) DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-1 3.1 TITLE 3.2 NAME 3.3 STREE 4.2 CITY-1 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY-1 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY-1 5.4 CITY-1 5.4 CITY-1 5.5 STREE 5.4 CITY-1 5.4 CITY-1 5.5 STREE 5.4 CITY-1 5.4 CITY-1 5.5 STREE 5.5 5.5	ET ADDRESS ST-ZIP	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND D HAYES, KATHLEEN 11417 HARBORSIDE CIRCLE LARGO FL 33773	and title if applicable. (NOTE: F) DIRECTORS DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.2 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE 5.4 CITY- 6.1 TITLE 5.1 TITLE 5.4 CITY- 6.1 TITLE 5.4 CITY- 6.1 TITLE 5.1 TITLE 5.4 CITY- 6.1 TITLE 5.1 TITLE 5.4 CITY- 6.1 TITLE	ET ADDRESS ST-ZIP ET ADDRESS -ST-ZIP	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND D HAYES, KATHLEEN 11417 HARBORSIDE CIRCLE LARGO FL 33773	and title if applicable. (NOTE: F) DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.2 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.4 CITY- 6.1 TITLE 6.2 NAME 6.2 NAME 6.2 NAME 6.3 NAME 6.3 NAME 6.4 CITY- 6.1 TITLE 6.2 NAME 6.3 NAME 6.4 NAME 6.4 NAME 6.5 NAME	ET ADDRESS ST-ZIP	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition
AGENTURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND D HAYES, KATHLEEN 11417 HARBORSIDE CIRCLE LARGO FL 33773	and title if applicable. (NOTE: F) DIRECTORS DELETE DELETE DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE 4.2 CITY- 4.1 TITLE 4.2 NAME 4.3 STREE 4.4 CITY- 5.1 TITLE 5.2 NAME 5.4 CITY- 6.1 TITLE 6.2 NAME 6.2 NAME 6.2 NAME 6.3 NAME 6.3 NAME 6.4 CITY- 6.1 TITLE 6.2 NAME 6.3 NAME 6.4 NAME 6.4 NAME 6.5 NAME	ET ADDRESS ST-ZIP E ST-ZIP	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Change Addition Change Addition

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: