

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

**FILED**

**Apr 28 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F95000000383 (8)**

1. Corporation Name  
**CK COMMERCIAL, INC.**



Principal Place of Business <b>950 HERNDON PARKWAY SUITE 200 HERNDON VA 22070 US</b>	Mailing Address <b>950 HERNDON PARKWAY SUITE 200 HERNDON VA 20170-5531 US</b>
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3. Date Incorporated or Qualified <b>01/24/1995</b>	3a. Date of Last Report <b>03/26/1996</b>
4. FEI Number <b>54-1736489</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	25. Zip
29. Country	30. Zip

**9. Name and Address of Current Registered Agent**  
**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

**10. Name and Address of New Registered Agent**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State <b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>PT</b>	<input type="checkbox"/> DELETE
NAME	<b>KALLIVOKAS, CHRISTOPHER</b>	
STREET ADDRESS	<b>950 HERNDON PARKWAY #200</b>	
CITY - ST - ZIP	<b>HERNDON VA</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>KALLIVOKAS, PATRICIA</b>	
STREET ADDRESS	<b>950 HERNDON PARKWAY #200</b>	
CITY - ST - ZIP	<b>HERNDON VA</b>	
TITLE	<b>AS</b>	<input type="checkbox"/> DELETE
NAME	<b>LEVY, BRUCE M</b>	
STREET ADDRESS	<b>1120 19TH ST. NW, STE. 800</b>	
CITY - ST - ZIP	<b>WASHINGTON DC 20036</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>AS</b>
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>950 Herndon Parkway # 200</b>
3.4 CITY - ST - ZIP	<b>Herndon VA 20170</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>S Kallivokas, Scott</b>
4.3 STREET ADDRESS	<b>950 Herndon Parkway # 200</b>
4.4 CITY - ST - ZIP	<b>Herndon, VA 20170</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *Chris Kallivokas* **Chris Kallivokas** 4/21/97 (703) 742-6789

CR2E034 (9/96)