

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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000000385 (3)
 1. Corporation Name
CK RECOVERY, INC.



Principal Place of Business 950 HERNDON PARKWAY SUITE 200 HERNDON VA 22070 US	Mailing Address 950 HERNDON PARKWAY SUITE 200 HERNDON VA 22070 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 20170	29 20170

3. Date Incorporated or Qualified 01/24/1995	
4. FEI Number 54-1736491	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**HOLLOWELL, RICHARD
 927 CLINT MOORE ROAD
 BOCA RATON FL 33487**

10. Name and Address of New Registered Agent

81 Name ROBERT GELLMAN, ROBERT	
82 Street Address (P.O. Box Number is Not Acceptable) 927 CLINT MOORE ROAD	
83 BOCA RATON FL	
84 City BOCA RATON	85 Zip Code FL 33487

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 *Robert Gellman* **4/20/98** DATE **4/20/98**

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	KALLIVOKAS, CHRISTOPHER	
STREET ADDRESS	950 HERNDON PARKWAY, #200	
CITY-ST-ZIP	HERNDON VA	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	KALLIVOKAS, PATRICIA	
STREET ADDRESS	950 HERNDON PARKWAY #200	
CITY-ST-ZIP	HERNDON VA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	LEVY, BRUCE M	
STREET ADDRESS	950 HERNDON PARKWAY, #200	
CITY-ST-ZIP	HERNDON VA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KALLIVOKAS, SCOTT	
STREET ADDRESS	950 HERNDON PARKWAY, #200	
CITY-ST-ZIP	HERNDON VA	
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	P/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	20170	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS	927 CLINT MOORE ROAD	
2.4 CITY-ST-ZIP	BOCA RATON, FL 33487	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	20170	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	20170	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GELLMAN, ROBERT	
5.3 STREET ADDRESS	927 CLINT MOORE ROAD	
5.4 CITY-ST-ZIP	BOCA RATON, FL 33487	
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 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 the attachment with an address.

SIGNATURE *Robert Gellman* **4/20/98**

CR2E034 (10/97)