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FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F95000000383 (8)
1. Corporation Name
CK COMMERCIAL, 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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-23) and 2a. Mailing Address (24-26) fields with sub-fields for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: 01/24/1995
4. FEI Number: 54-1736489
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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: GELLMAN, ROBERT; 82 Street Address: 927 CLINT MOORE ROAD; 84 City: BOCA RATON FL; 85 Zip Code: 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* (Signature) 4/16/98 (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1.1 TITLE	P/T/D
NAME	KALLIVOKAS, CHRISTOPHER	1.2 NAME	
STREET ADDRESS	950 HERNDON PARKWAY #200	1.3 STREET ADDRESS	
CITY-ST-ZIP	HERNDON VA	1.4 CITY-ST-ZIP	20170
TITLE	AS	2.1 TITLE	
NAME	KALLIVOKAS, PATRICIA	2.2 NAME	
STREET ADDRESS	950 HERNDON PARKWAY #200	2.3 STREET ADDRESS	
CITY-ST-ZIP	HERNDON VA	2.4 CITY-ST-ZIP	
TITLE	AS	3.1 TITLE	
NAME	LEVY, BRUCE M	3.2 NAME	
STREET ADDRESS	950 HERNDON PARKWAY, #200	3.3 STREET ADDRESS	
CITY-ST-ZIP	HERNDON VA	3.4 CITY-ST-ZIP	20170
TITLE	S	4.1 TITLE	
NAME	KALLIVOKAS, SCOTT	4.2 NAME	
STREET ADDRESS	950 HERNDON PARKWAY, #200	4.3 STREET ADDRESS	
CITY-ST-ZIP	HERNDON VA	4.4 CITY-ST-ZIP	20170
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 an attachment with an address.

SIGNATURE: *Robert Gellman* (Signature) 4/16/98 (Date)

CR2E034 (10/97)