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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1. Corporation	MENT # K718 3 NK CONSULTANTS, INC.	30 (9)		
Principal Place of Business		Maling Address CROWN CENTRE 1451 W CYPRESS CREEK RD #300 FT. LAUDERDALE FL 33309-8366		
CROWN CENTRE 1451 W CYPRESS CREEK RD #300 FT. LAUDERDALE FL 33309-8956				
				3. Date Incorporated or Qualified 3a. Date of Last Report 07/13/1995
2. Principal Place of Business		2a. Mailing Address		03/10/1989 07/13/1995 4. FEI Number Applied For
21		26		65-0107424 Not Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
City & State		City & State		Fee Required
23		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zηρ	Country	Zip	Country	Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s 199.032,
24	25	29	30	Florida Statutes
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registered Agent
			81 Nam	ne -
DVORAK, DAVID, A, MAI, SRPA			82 Stree	et Address (P.O. Box Number is Not Acceptable)
CROWN CENTRE 1451 W CYPRESS CREEK RD., #300			83	
	DERDALE FL 33309-8956			
i i, LAOL	JENIJALE I E 00003-0800		84 City	FL 85 Zip Code
11. Pursuant to	o the provisions of Sections 607.050	2 and 607.1508, Florida Statu	tes, the above-named	porrogation a braits this statement for the same of the size of th
Or registers	ed acent, or both, in the State of Flo h, and accept the obligations of, Sec	nda. Such chance was authori	ZACI DV IDA COMORATION	or poration such its statement for the purpose of changing its registered office is board of directors. I hereby accept the appointment as registered agent. I am
SIGNATURE Z	- author	gret MAY	President	4/12/2/2
	Signature, typed or Erinted name of registered age		OTE: Registered Agent signatur	
TITLE		ND DIRECTORS	13. 1. 1 Title	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	D'Presdent D'ORAK, DAVID A. MAI	octor	1.2 NAME	Change Addition
STREET ADDRESS	1451 W CYPRESS CREEK F	ID #300	1.3 STREET ADDRES	s s
CITY-ST-ZIP	FT. LAUDERDALE FL 33309		1.4 CITY - ST - ZIP	
TITLE		☐ DELFTE	2 1 TITLE	Change Addition
NAME			22 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	s
CITY-S1-ZIP			2.4 CITY - ST - ZIP	
TITLE		☐ DELETE	3, 1 TITLE	Change C Addition
NAME STREET ADDRESS			3.2 NAME	
CITY - ST - ZIP			3.3. STREET ADDRES	is
TITLE		DELETE	3.4 CITY- \$T - ZIP 4. 1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	s
CITY - SI - ZIP			4.4 CITY - ST - ZIP	
TITLE		☐ DELETE	5. 1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	S
CITY-ST-ZIP		F"I BELETE	5.4 CITY - ST - ZIP	
TITLE NAME		☐ DELETE	6 1 TITLE	☐ Change ☐ Addition
STREET ADDRESS	•		6 2 NAME	,
CITY-ST-ZIP	•		6.3 STREET ADDRESS	
14. Ldo hereby	certify that the information supplied	with this filing is voluntarily furn	64 CITY-ST-ZIP hished and does not go	Lualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further
oath; that i	ine information indicated on this ann	uai report or supplemental and pration or the receiver or truste	oual report is true and a se empowered to exec	accurate and that my signature shall have the same legal effect as if made under ute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE: