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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT 1997		T 😻	Secretary of State DIVISION OF CORPORATIONS		Secretary of State			
	MENT # Name NK COJINC		(7)					
ADC IAI	AV COMINO							
Principal Place	e of Business		Mailing Address			0 10031001 100 11141 97068 31011 01610 011	IN BURKU BEDIR BURKU BURK	
1029 N. DELSEA DRIVE CLAYTON NJ 08312 US		P.O. BOX 111 CLAYTON NJ 08312-0111						
						3. Date Incorporated or Qualified 06/18/1991	3a. Date of Last I 02/02/1996	Heport
2. Principal Pl	lace of Business		2a. Mailing Address			4. FEI Number	A	oplied For
21			26			22-2370493		lot Applicable
Suite, Apl. #, etc.			Suite Apt. #, etc.			5. Certificate of Status Desired	1 1 7 7 7	Additional Required
City & State	<u></u>		City & State	*****		Election Campaign Financing		May Be
23			28			Trust Fund Contribution		to Fees
Zφ		Country	Zip	Count	ry	8. This corporation has liability fo	r intangible tax under	s. 199.032,
24	25		29	30			Yes X No	
		d Address of Current I		8	1 Name	10. Name and Address of New R	egistered Agent	
	,IAM III, INU. (' S.E. 10TH A'	A GENERAL PARTN	iership)					
	E CORAL FL			8	2 Street A	ddress (P.O. Box Number is Not Accepta	ıble)	
O/U	. 00144. 12 (~~~		8	3			
				1	4 City		os 7ir	Code
				°	City		FL 85 Zip	Code
11. Pursuant t	to the provisions	or both, in the State of	and 607.1508, Florida Statu Florida, Such change was	ites, the abo	ve-named o	corporation submits this statement for the oration's board of directors. I hereby acco	purpose of changing	its registered
agent. I a	m familiar with,	and accept the obligati	ons of, Section 607.0505, F	Iorida Statut	es.		A STATE OF THE STA	o · · · · · · · · · · · · · · · · · · ·
SIGNATURE	E	rinted name or registered agent.	and take it much skills. INC	IF Paretored A	Loont Figurature	equired when reinstating)	DATE	···
12.	Sell or ser. We trace he	OFFICERS AND		13.	igant signature i	ADDITIONS/CHANGES TO OFF		RS IN 12
TITLE	ST		DELETE	1.1 TiTLE			☐ Change	Addition
NAME	FAHY, WILLIAM J.			1.2 NAME				
STREET ADORESS	419 CARVIN			1.3 STRE	ET ADDRESS			
City - St - ZiP	CLAYTON N	J	T occur		-ST-ZIP		T (A)	A 4-000-
TITLE	P DUDUANA NA	ni I I A Maria I D	☐ DELETE	2.1 TITU	ĺ		Change	Addition
NAME STREET ADDRESS	DURHAM, WILLIAM L., JR. RR #3 BOX 204P			2.2 NAM				
CITY - ST - ZIP	MULLICA HI				ET ADDRESS (-'ST-ZIP			
TILE			DELETE	3.1 TITLE			☐ Change	Addition
NAME				3.2 NAM	E		-	
STREET ADDRESS				33 STRE	ET ADDRESS			
CHY-ST-7/P				34. CITY	r-ST-ZIP			
THE			☐ DELETE	4.1 TITL	1		L Change	Addition
MAME				4. 2 NAN	J			
STREET ADDRESS				1	ET ADDRESS			
CHY-ST-7IP TITLE			DELETE	4.4 CITY 5.1 TITLE	-ST-ZIP		Change	Addition
NAME			E. Decert	5.2 NAM		 • *	0 ,,ango	
STREET ADDRESS				1	ET ADDRESS	W. 1		
City-St ZiP]			ł	-SI-ZIP	#		
TITLE			DELETE	6.1 TITL			☐ Change	Addition
NAME				6.2 NAM	ie			
STREET ADDRESS				6.3 STR	EET ADDRESS			
CHTY+\$1+ZFP				6.4 CITY	-ST-ZIP			

FILED

Feb 03 1997 8:00am

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 armual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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: William William J. Fahy

1-24-97