

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

DOCUMENT # **P94000072755 (9)**

1. Corporation Name
NK ACQUISITIONS, INC.



Principal Place of Business: **2295 CORPORATE BLVD. N.W., #222 BOCA RATON FL 33431**
Mailing Address: **2295 CORPORATE BLVD. N.W., #222 BOCA RATON FL 33431**

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: **10/04/1994**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0538452**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

10. Name and Address of New Registered Agent
81 Name: **The Herrick Company, Inc**
82 Street Address (P.O. Box Number is Not Acceptable): **2295 Corp Blvd NW**
83 Suite: **222**
84 City: **Boca Raton** FL 85 Zip Code: **33431**

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: *The Herrick Company, Inc By: Howard Herrick, Pres*

Date: **3/21/96**

12. OFFICERS AND DIRECTORS

TITLE	PDS	<input type="checkbox"/> DELETE
NAME	HERRICK, NORTON	
STREET ADDRESS	2295 CORPORATE BLVD. N.W., #222	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	VPDA	<input type="checkbox"/> DELETE
NAME	HERRICK, MICHAEL	
STREET ADDRESS	2295 CORP BLVD NW SUITE 222	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	VDAS	<input type="checkbox"/> DELETE
NAME	HERRICK, MICHAEL	
STREET ADDRESS	2295 CORP BLVD NW SUITE 222	
CITY - ST - ZIP	BOCA RATON FL	
TITLE	VDT	<input checked="" type="checkbox"/> DELETE
NAME	HERRICK, EVON	
STREET ADDRESS	2295 CORP BLVD, NW SUITE 222	
CITY - ST - ZIP	BOCA RATON FL	
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

11 TITLE	PDS/S/T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE	VP/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE	VP/AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Herrick, Howard	
33 STREET ADDRESS	20 Community Pl	
34 CITY - ST - ZIP	Merritt Park NJ 07960	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Howard Herrick VP 3/19/201539090

CR2E034 (12/95)