


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

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Jan 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H98412	(0)
1. Corporation Name N & K ENTERPRISES INC.	

Principal Place of Business 1495 NE 129 STR NO MIAMI FL 33161 US	Mailing Address 1495 NE 129 STR NO MIAMI FL 33161-4457 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/10/1986		3a. Date of Last Report 01/31/1986	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 65-0007169		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent JENNINGS, NEVILLE 7150 EMBASSY BLVD MIRAMAR FL 33023				10. Name and Address of New Registered Agent			
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)			
83.				84. City			
				85. Zip Code			

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 <i>X</i> NEVILLE JENNINGS	DATE 1/15/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	
NAME	JENNINGS, NEALE B.	1.2 NAME	
STREET ADDRESS	7150 EMBASSY BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	
NAME	JENNINGS, NEVILLE	2.2 NAME	
STREET ADDRESS	7150 EMBASSY BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	2.4 CITY-ST-ZIP	
TITLE	TSO	3.1 TITLE	
NAME	JENNINGS, KATHLEEN I	3.2 NAME	
STREET ADDRESS	7150 EMBASSY BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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 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 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 in an attachment with an address.	
SIGNATURE: <i>X</i> NEVILLE JENNINGS	DATE 1/15/97

CR2E034 (9/96)