

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

FILED

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 # **F55436** (2)

1. Corporation Name:
NILAK ASSOCIATES, INC.



Principal Place of Business 1000 N. HIATUS ROAD P. O. BOX 8420 PEMBROKE PINES FL 33026-3088	Mailing Address 1000 NORTH HIATUS ROAD SUITE 100 PEMBROKE PINES FL 33026-3084 US
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3. Date Incorporated or Qualified 11/20/1981	3a. Date of Last Report 01/31/1996
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2. Principal Place of Business 21 1000 N. Hiatus Road Suite, Apt. #, etc. 22 Suite 100 City & State 23 Pembroke Pines, FL Zip 24 33026-3094	2a. Mailing Address 25 P. O. Box 8420 Suite, Apt. #, etc. 27 City & State 28 Pembroke Pines, FL Zip 29 33084-0420 Country 30 USA
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4. FEI Number 59-2141890	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent MORTON, KALIN 1000 N. HIATUS ROAD HOLLYWOOD, FLORIDA PEMBROKE PINES FL 33026	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1000 N. Hiatus Road 83 Suite 100 84 City Pembroke Pines, FL 85 Zip Code 33026
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	KALIN, MORTON
STREET ADDRESS	1000 N. HIATUS ROAD
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	D <input type="checkbox"/> DELETE
NAME	KALIN, SYLVIA
STREET ADDRESS	1000 N. HIATUS ROAD
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	1000 N. Hiatus Road, Suite 100
14 CITY-ST-ZIP	Pembroke Pines, FL 33026-3094
21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	1000 N. Hiatus Road, Suite 100
24 CITY-ST-ZIP	Pembroke Pines, FL 33026-3094
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
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 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:  **Morton Kalin** 1/14/97 954-431-4141
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)