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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 24 1997 8:00am

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Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F60192

(4)

THE NISKU CORPORATION

SIGNATURE:

P.O. BOX 1578 P.O. BOX KEY LARG 2. Principal Place of Business 2a. Mailing 21 26 Suite, Apt. #, etc. Suite, 22 City 8 State City 8 23 Zip Zip Country Zip	VERSEAS HWY 1578 30 FL 33037-1570 ig Address Apt. #, etc 3 State Agent	Coul 30	ntry 81 Name	3. Date Incorporated or Qualified 12/28/1981 4. FEI Number 59-2146987 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for Florida Statutes 10. Name and Address of New Reddress (P.O. Box Number is Not Acceptate	3a. Date of Last Report 01/25/1996 Applied For Not Applicab \$8.75 Additional Fee Required \$5.00 May Be Added to Fees Intangible tax under s. 199.032, Yes \(\) No gistered Agent	
P.O. BOX 1578 KEY LARGO FL 33037 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State City & State 23 Zip Country Zip 24 25 9, Name and Address of Current Registered A OVERFIELD, RICHARD L 103400 OVERSEAS HWY., SUITE 232 KEY LARGO FL 33037 11. Pursuant to the provisions of Sections 607,0502 and 607,1508 office or registered agent, or both, in the State of Florida Suct agent. Lam familiar with, and accept the obligations of. Sections SIGNATURE. Signature Signature of protections of registered agent and tick it applicated. DEFICERS AND DIRECTORS	1578 30 FL 33037-1576 ig Address Apt. #, etc. 3 State Agent	Coul 30	81 Name 82 Street Add	12/28/1981 4. FEI Number 59-2146987 5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution 8. This corporation has liability for Florida Statutes 10. Name and Address of New Re	O1/25/1996 Applied For Not Applicab Fee Required \$5.75 Additional Fee Required \$5.00 May Be Added to Fees intangible tax under s. 199.032, Yes No gistered Agent	
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12. OFFICERS AND DIRECTORS TITLE PS		orida Stati	ove-named coll by the corporates.	rporation submits this statement for the pation's board of directors. I hereby accept	ourpose of changing its registered the appointment as registered	
TITLE PS		f: Registered	Agent signature requ	uired when reinstating)	DATE	
		13.		ADDITIONS/CHANGES TO OFFIC		
NAME TIFLEN, GISELA	L] DELETE	1.1 HT	LE		Change Addition	
		1.2 NA	ME			
STREET ADDRESS HH-4 ROCK HARBOR CLUB			REET ADDRESS			
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NAME		6.2 NA	NE			
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 I do hereby certify that the information supplied with this filing information indicated on this annual report or supplemental an 	, does not qualif	v for the	exemption state	ed in Section 119.07(3)(i), Florida Statute	s. I further certify that the	