


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

FILED

Jan 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000000492 (7)

1. Corporation Name  
NKO, INC.



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/30/1995

4. FEI Number

59-3290740

Applied For

Not Applicable

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes



No

10. Name and Address of New Registered Agent

NEVO, DORON  
8160 BAYMEADOWS WAY WEST  
SUITE 220  
JACKSONVILLE FL 32256

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME MEADOW, WILLIAM D  
STREET ADDRESS 8160 BAYMEADOWS WAY WEST #220  
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME Ben-Shaoul, Rimon  
1.3 STREET ADDRESS 8160 Baymeadows Way West #220  
1.4 CITY-ST-ZIP Jacksonville, FL 32256

TITLE D ☐ DELETE

NAME NEVO, DORON  
STREET ADDRESS 8160 BAYMEADOWS WAY WEST #220  
CITY-ST-ZIP JACKSONVILLE FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE C ☐ DELETE

NAME LAISER, MAIR  
STREET ADDRESS 8160 BAYMEADOWS WAY WEST #220  
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE DS ☐ DELETE

NAME KENNEDY, J.R.  
STREET ADDRESS 8160 BAYMEADOWS WAY WEST  
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE V ☒ DELETE

NAME LEE, WARREN S  
STREET ADDRESS 8160 BAYMEADOWS WAY WEST #220  
CITY-ST-ZIP JACKSONVILLE FL

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME BARR, ELIE  
5.3 STREET ADDRESS 8160 Baymeadows Way West #220  
5.4 CITY-ST-ZIP Jacksonville, FL 32256

TITLE D ☐ DELETE

NAME KRUEGER, HARVEY  
STREET ADDRESS 8160 BAYMEADOWS WAY WEST #220  
CITY-ST-ZIP JACKSONVILLE FL

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/15/98 (904) 730-0050

Daytime Phone #

0041052

CR2E034 (10/97)