

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000000492

1. Corporation Name
NKO, INC.

Principal Place of Business
**8160 BAYMEADOWS WAY WEST
SUITE 220
JACKSONVILLE FL 32256
US**

Mailing Address
**8160 BAYMEADOWS WAY WEST
SUITE 220
JACKSONVILLE FL 32256
US**

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90110 010 ***158.75



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 ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name **Walter Robinson**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **Suite 130**
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 **Walter Robinson, Vice President** 4/29/99

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**

11 TITLE ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS **8160 Baymeadows Way West, #130**
14 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **NEVO, DORON**
STREET ADDRESS **8160 BAYMEADOWS WAY WEST #220**
CITY-ST-ZIP **JACKSONVILLE FL**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE **C** ☐ DELETE
NAME **LAISER, MAIR**
STREET ADDRESS **8160 BAYMEADOWS WAY WEST #220**
CITY-ST-ZIP **JACKSONVILLE FL**

31 TITLE ☒ Change ☐ Addition
32 NAME
33 STREET ADDRESS **8160 Baymeadows Way West, #130**
34 CITY-ST-ZIP

TITLE **DS** ☒ DELETE
NAME **KENNEDY, J.R.**
STREET ADDRESS **8160 BAYMEADOWS WAY WEST**
CITY-ST-ZIP **JACKSONVILLE FL**

41 TITLE ☐ Change ☒ Addition
42 NAME **Robinson, Walter**
43 STREET ADDRESS **8160 Baymeadows Way West, #130**
44 CITY-ST-ZIP **Jacksonville, FL 32256**

TITLE **D** ☒ DELETE
NAME **BARR ELIE**
STREET ADDRESS **8160 BAYMEADOWS WAY W #220**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **KRUEGER, HARVEY**
STREET ADDRESS **8160 BAYMEADOWS WAY WEST #220**
CITY-ST-ZIP **JACKSONVILLE FL**

61 TITLE ☒ Change ☐ Addition
62 NAME
63 STREET ADDRESS **8160 Baymeadows Way West, #130**
64 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, with all other like empowered.

SIGNATURE: **Walter Robinson, Vice President** 4/29/99 (904) 730-0050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)