FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G76709** **(6)**

1. Corporation Name

NIKKAR, INC.

Principal Place of Business	Mailing Address
1230 RIDGEWOOD ROAD P.O. BOX 1190 BRYN MAWR PA 19010	1230 RIDGEWOOD ROAD P.O. BOX 1190 BRYN MAWR PA 19010

3. Date Incorporated or Qualified: **12/30/1983**
3a. Date of Last Report: **04/25/1995**

2. Principal Place of Business	2a. Mailing Address
21 P.O. Box 3258	26 P.O. Box 3258
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Naples Florida	City & State 28 Naples, Fl.
Zip 24 33934-3258 Country 25 Colliers	Zip 29 33939-3258 Country 30 Colliers

4. FEI Number: **59-2393115** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

PEZESHKAN, F. FRED
3649 PROGRESS AVENUE
NAPLES FL 33942

10. Name and Address of New Registered Agent

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 of New Registered Agent, if changed) (Name of New Registered Agent, if changed, must be typed or printed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CTD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KHADJAVI-HEIDARI, ROYA		1.2 NAME		
STREET ADDRESS	340 EAST 64TH ST APT 11N		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KHAJAVI, AMIR-MEDHI		2.2 NAME		
STREET ADDRESS	408 S. ROBERTS RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	BRYN MAWR PA		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	RABII, FEREYDOON		3.2 NAME	84 Brennan Drive	
STREET ADDRESS	1230 RIDGEWOOD RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	BRYN MAWR PA		3.4 CITY-ST-ZIP	Bryn Mawr PA 19010	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: FEREYDOON RABII — 1-26-96 — 941 263 2818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2-11-96 (W)