## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

H20735 DOCUMENT #

1. Corporation Name

WORLD IMPORTS BY N.K., INC.



Principal Place of Business Mailing Address									41511 61611 9151	., ., ., ., ., ., ., ., ., ., ., ., ., .	
1006 LAKESHORE DR. P. O. BOX 1829 AUBURNDALE FL 33823 US			PO BOX 1829 Auburndale FL 33823 US								
						3. Date Incorporated or Qualified 09/10/1984	3a. Da	te of Last Re <b>04/28/19</b>	eport <b>395</b>		
2. Principal Pla	ce of Business	2a. 26	Mailing Address				4. FEI Number 59-2468804		<b>├</b>	Applied For Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required		
City & State			Orty & State				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Country			Zip Country				8. This corporation has liability for intangible tax under s. 199.032,				
24	25				<b></b>		Florida Statutes Yes No				
	9. Name and Address of Currer	it Regist	ered Agent		81	Nessa	10. Name and Address of New	Registered	Agent		
RADNE	S, KAREN					Name					
1006 LAKESHORE DR. AUBURNDALE FL 33823					82	Street Addi	ss (P.O. Box Number is Not Acceptable)				
					83						
					84	City		FI	L 85 Zır	p Code	
or registere	o the provisions of Sections 607.050% ed agent, or both, in the Stafe of Flori h, and accept the obligations of, Sec	da Such	change was authorize	s, the ab ed by the	ove r	named corpo loration's boa	ration submits this statement for the purify of directors. I hereby accept the app	irpose of cloointment a	nanging its r is registered	egistered office Lagent. Lam	
SIGNATURE _	Signature, typed or printed name of registered ages	t and the if a	pydcable INCO	E Registere	d Age	nt signature require	ed whoe reinstating!	DATE			
12.	OFFICERS AN	ID DIREC		13.			ADDITIONS/CHANGES TO OF	FICERS AN			
TITLE	PVPS DADNICO MADEN		☐ DELETE		TITLE			Change D		Addition	
NAME	Barnes, Karen 1006 Lakeshore Dr.				AME	I I D D D C C A					
STREET ADDRESS	AUBURNDALE FL					TADDRESS ST ZIP					
C+TY-ST-ZIP TITLE			DELETE		TITLE	SI LIF			☐ Change	Addition	
NAME			Berneral .	221	NAME						
STREET ADDRESS				235	STHEET	ADDRESS					
CITY - ST - ZIP				241	OLTY-S	\$1-712					
TITLE			☐ DELETE	3 1	TITLE				Change	Addition	
NAME				321	NAME						
STREET ADDRESS						1 ADDRESS					
CITY-ST-ZIP			DELETE	_	CITY - S TITLE	ST - ZIF			Change	Add-tion	
TITLE			bittit		NAME						
NAME STREET ADDRESS						1 ADDRÉSS					
CHTY-ST-ZIP						ST-ZIP					
TITLE			DELETE		TITLE				Change	☐ Addition	
NAME			_	5.2	NAME						
STREET ADDRESS						T ADDRESS					
CITY-ST-ZIP				5.4	CITY -:	ST-ZIP					
TITLE			DELETE		TITLE				☐ Change	Addition	
NAME				62	NAME						
STREET ADDRESS				63	STREE	T ADDRESS					
CITY - ST - ZIP						ST-ZIP					
14 Ldo bereb	w codify that the information supplied	with this	filing is voluntarily furn	ished and	1 doe	es not qualify	for the exemption stated in Section 11	9.07(3)(k), F	Florida Statu	ites. I further	

rido riereby certify that the imformation supplied with this lining is voluntarily runnished and coes not quality for the exemption stated in Section 1.19.07(5)(k), Florida Statutes, Turner 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: Har Barre Hare Sans Cpr 17, 1946 967-9673