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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANNUAL REPORT 1998		// In the second of the second	Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		S	Secretary of State				
[] 1.	Corporation NORDA	MENT # n. Name .K, INC.	[‡] H31094	(6)				1		
Principal Place of Business Mailing Address					 -		-{	I HUI UUI BAIT		UMII IUU
8977 SE 72 AVENUE 8977 SE 72 AVENUE										
OCALA FL 34472 OCALA FL 34472							DO NOT WRITE IN THIS SPACE			
							3. Date incorporated or Qualified 11/21/1984			
2.	Principal Pl	ace of Busines	SS	2a. Mailing Address			4. FEI Number		Ap	plied For
21		26				*****	59-2476578			Applicable
22	Suite, Apt.	Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired	\$	B.75 A	dditional quired	
	City & State	├ - ¬ `				6. Election Campaign Financing		5.00		
23	Zip		Country	28 Zip	Country		Trust Fund Contribution		Added to	
24	εip	2!	¬	29	30		This corporation owes or has particular Personal Property Tax due June		_	ingible No
= 1			nd Address of Current		1551		10. Name and Address of New Re			
TELLECHEA, ALBERTO F.						lame				
316 SALVADOR SQ					82 5	Street Addre	ess (P.O. Box Number is Not Acceptat	ole)		
ĺ	WINTER PARK FL 32789						<u> </u>			
ŀ					83					
						City		FL 85	Zip C	ode
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 regist 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 registe agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										registered registered
agent. Lem familiar with, and accept the obligations of, Section 607.0505, Florida Statutés. SIGNATURE										
L	Signature, typed or printed name of registered agent and title if applicable (NOTE: Regist					ignature require	ed when reinstating)	DATE		
12 TIT		DPS	OFFICERS AND I	DIRE.CTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICE		ECTOR:	S IN 12 Addition
NA	I		A, CHARLES M.	F" DETETE	1.1 TITLE 1.2 NAME	ı			onange	LI MOUNDIN
	REET ADDRESS		2 AVENUE		1.3 STREET AD	OBESS				
i	Y-ST-ZIP	OCALA FL			1.4 CITY - ST - Z	1				1
TIT		TV	·	☐ DELETE	2.1 TITLE				Change	Addition
NA:	ME		EA, HILDA A		2.2 NAME					
STI	reet address (8977 SE 7			2 3 STREET AD	oress				
_	Y-ST-ZIP	OCALA FL	•	- Decision	2.4 CITY-ST-	Z(P			<u>. </u>	1 2 4 100
TIT	- 1			☐ DELETE	3.1 TITLE			. Ц	Change	☐ Addition
NAI CTS	ME REET ADDRESS				3.2 NAME 3.3 STREET AD	DECC.				
ı	Y-ST-ZIP				3.3 STREET AD	J				
TIT				DELETE	4.1 TITLE				Change	Addition
NA	i i				4. 2 NAME				•	 i
STE	EET ADORESS				4.3 STREET AD	DRESS				
CIT	Y-ST-ZIP				4.4 CITY - ST - Z	IP				
TIT	1			DELETE	5.1 TITLE				Change	Addition
NA					5.2 NAME	1				
	REET ADDRESS				5.3 STREET AD					
CIT	Y-ST-ZIP			☐ DELETE	5.4 CITY-ST-Z	IP		-	Change	☐ Addition
NA	1			Las Delete	6.1 TITLE 6.2 NAME			L)	out in in	AUGITION
	NEET ADDRESS				6.3 STREET AD	RESS				
					V.0 011 166 1 (19)					

14. I hereby certify that the information supplied with this filling 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:

May 06 1998 8:00am