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

**PROFIT** CORPORATION ANNUAL REPORT

1999



Mailing Address

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # J83547

1. Corporation Name

Principal Place of Business

N.S.K.ASSOCIATES, INC.

3. Date Incorporated or Qualified 07/2/11/937 07/2/11/	9720 PINES BL PEMBROKE PIN US		9720 PINES BLVD PEMBROKE PINES FL 33024			DO NOT WRITE IN THIS SPACE			
2. Principal Pface of Business  2. Mailing Address 2. Mailing Address 2. Sulfe, Apt. #, etc. #,	US								
2. Principal Place of Business 2. Mailing Address 2. 27 35 Course 2. Suite, Apt. #, etc. 3.									
Sulte, Apt. #, etc.	2 Principal P	Place of Business	2a. Mailing Address			4 55141	I Ac	plied For	
City & State    City & State   City & City & City & State   City & City & State   City & City & City & City & State   City & City	<del></del>		26 2735 avenu	u cou	Poreir	59-2825327	No	t Applicable	
City & State    City & State   City & City & City & State   City & City & State   City & City & City & City & State   City & City		#, etc.	Suite, Apt. #, etc.		••	a contract of Obstacle Decision	\$8.757	Additional	
City & State    City & State   City	22		27 aulstream Th		5. Certificate of Status Desired Fee Required				
Zip   Country   Zip   Zi		te	City & State			6. Election Campaign Financing	\$5.00	May Be	
24	23		28 33983	$\mathcal{L}$	51	Trust Fund Contribution	Added	to Fees	
9. Name and Address of Current Registered Agent  KAUFMAN, NINA  257 JACARANDA DR. PLANTATION FL 33324  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 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  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PTS  KAUFMAN, NINA  12 NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  DELETE  1.1 TITLE  DELETE  2.1 TITLE  DELETE  2.1 TITLE  DELETE  3.1 TITLE  Addition  Change  Addition  Change  Addition  Addition  Change  Addition  Addition  Addition  Change  Addition	Zip	Country	Zip	Country		8. This corporation owes the current year		_	
KAUFMAN, NINA  257 JACARANDA DR. PLANTATION FL 33324  11. Pursuant to the provisions of Sections 607.0502 and 807.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    OFFICIENTS AND DIRECTORS   13.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	24	25	29 3	0				□No	
KAUFMAN, NINA 257 JACARANDA DR. PLANTATION FL 33324  82 Street Act  83 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, type or printed name of reposely agent and life i applicable.  OFFICIER'S AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  DELETE  21 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  22 NAME  23 SARET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  31 TITLE  Addition  Change  Addition  Addition  Change  Addition  Addition  Addition  Change  Addition  Addition  Addition  Addition  Change  Addition  Addition		9. Name and Address of Current	Registered Agent				ed Agent		
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Signature, typed or printed name of regustered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICIERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PTS  KAUFMAN, NINA  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  2.3 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  3.2 NAME  3.2 NAME	office or r	registered agent, or both, in the State of	of Florida. Such change was auth	norized by th	named corpo ne corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its pointment as re	registered gistered	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PTS DELETE 1.1 TITLE  NAME  STREET ADDRESS CITY-ST-ZIP TITLE  NAME  STREET ADDRESS CITY-ST-ZIP TITLE  STREET ADDRESS CITY-ST-ZIP TITLE  DELETE 2.1 TITLE  STREET ADDRESS CITY-ST-ZIP TITLE  DELETE 3.1 TITLE  3.2 NAME  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Addition  Addition  Addition  TO DELETE  1.1 TITLE  DELETE  1.2 NAME  1.3 STREET ADDRESS 1.4 CITY-ST-ZIP  TITLE  DELETE  3.1 TITLE  DELETE  3.1 TITLE  Addition  Addition  Change Addition  Addition  Addition  Addition	SIGNATURE	pina Jaufr	an.			DATE			_
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NAME 3.2 NAME			□ DELETE		· ZIF		Change	Addition	
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	STREET ADDRESS				NDDRESS				

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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, own an attachment with an address, with all other like empowered.

3.4. CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

**SIGNATURE:** 

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

TITLE

NAME

TITLE

NINA KAUF KINA KAUFMAN

☐ DELETE

DELETE

DELETE

1/9/99

954-438-4558

**FILED** 

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90053 044 \*\*\*150.00

Daytime Phone #

Addition

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