

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

FILED
Feb 27 1997 8:00am
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # L37652 (9)
1. Corporation Name
NAK REALTY CORP.



Principal Place of Business: 1471 SW 30 AVE. DEERFIELD BEACH FL 33442
Mailing Address: 5609 WILLOW CREEK LANE DELRAY BCH FL 33484-6808 US

3. Date Incorporated or Qualified: 12/18/1989
3a. Date of Last Report: 04/12/1996
4. FEI Number: 59-2995797
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

2. Principal Place of Business: 21 Suite, Apt #, etc.:
22 City & State:
23 Zip: 33428 Country: U.S.A.
2a. Mailing Address: 26 11254 BOCA WOODS LANE
27 Suite, Apt #, etc.:
28 City & State: BOCA RATON FL
29 Zip: 33428 Country: U.S.A.

9. Name and Address of Current Registered Agent
NEWMAN, NATHAN
5609 WILLOW CREEK LANE
DELRAY BCH FL 33484

10. Name and Address of New Registered Agent
81 Name: KARL PECHTER
82 Street Address (P.O. Box Number is Not Acceptable):
83 11254 BOCA WOODS LANE
84 City: BOCA RATON FL 85 Zip Code: 33428

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, who hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.
SIGNATURE: KARL PECHTER
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE: Feb 24 / 97

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	NEWMAN, NATHAN	
STREET ADDRESS	1471 SW 30 AVE.	
CITY - ST - ZIP	DEERFIELD BCH FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	NEWMAN, ARTHUR	
STREET ADDRESS	1471 SW 30 AVE.	
CITY - ST - ZIP	DEERFIELD BCH FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	PECHTER, KARL	
STREET ADDRESS	1471 SW 30 AVE	
CITY - ST - ZIP	DEERFIELD BCH FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	NEWMAN, SCOTT	
STREET ADDRESS	1471 SW 30 AVE.	
CITY - ST - ZIP	DEERFIELD BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	PECHTER, KATE
33 STREET ADDRESS	1471 SW 30 AVE
34 CITY - ST - ZIP	DEERFIELD BCH FL
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: KARL PECHTER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: Feb 24 97
Daytime Phone #: 407 488 0900

CR2E034 (9/96)