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Feb 18, 1999 8:00am

Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



F€QRIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **L71566**

NAK HOLDINGS (USA), INC.

Principal Place	e of Business	Mailing Address						,,,,,,,,,,,,	
% JOHN R. FLANAGAN, CPA % JOHN R. FLANAGAN, CPA			PA						
2831 RINGLING BLVD., STE. 204-B 2831 RINGLING BLVD., STE.			204-B			DO NOT WRITE IN	I THIS SPACE	;	
SARASOTA FL 34237 SARASOTA FL 34237						3. Date Incorporated or Qualifed	T TITIO OF ACE		
						05/07/1990			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Applied	For
21		26				65-0194557		Not Ap	plicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.7	75 Addit	ional
22		27				5. Certifcate of Status Desired	Fe	e Require	∌d .
City & Stat	e	City & State				6. Election Campaign Financing		.00 мау	
23		28				Trust Fund Contribution	Add	ded to Fe	es
Zip	Country	Zip		intry		8. This corporation owes the current y			
24	25	29	30	_		Personal Property Tax.	☐ Yes		10
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New Regis	tered Agent		
FI AI	NAGAN, JOHN R., CPA			"	Maille				
2831 RINGLING BLVD.				82 Street Address (P.O. Box Number is Not Acceptable)					
	E 204-B			83					
	ASOTA FL 34237					<u> </u>			
				84	City		FL 85	Zip Code	· .
44 Purcuent	to the provisions of Sections 607 05	2 and 607 1508. Florida Statut	es the a	hove	-named como	pration submits this statement for the purp	ose of changin	a its real	stered
office or r	egistered agent, or both, in the State	of Florida. Such change was a	uthorized	1 bv t	he corporation	n's board of directors. I hereby accept the	appointment a	is registe	red
	m tamiliar with, and accept the obliga	ations of, Section 607.0505, Fig	rida Stati	uies.		hour	. 21.1	99	
SIGNATURE	Signature, typed or printed game of registered age	ant and title if applicable. (NOTE	Registered	Agent	signature required		ATE /	k./	
12.		ND DIRECTORS	13.			ADDITIONS CHANGES TO OFFICE	RS AND DIRE	CTORS	N 12
TITLE	D	☐ DELETE	1.1 TF	TLE		<u> </u>	☐ Cha	nge [Addition
NAME	KOEBEL, NEIL		1.2 N/	AME					
STREET ADDRESS	2831 RINGLING BLVD #204B		1.3 \$1	TREET.	ADDRESS				
CITY-ST-ZIP	SARASOTA FL		1.4 CI	ITY-ST	-ZIP				
TITLE	D	☐ DELETE	2.1 TI	TLE					
NAME	FLANAGAN, JOHN R.						☐ Cha	nge [] Addition
STREET ADDRESS	2831 RINGLING BLVD #204B		2.2 N	AME	-		☐ Cha	nge [) Maannon
CITY-ST-ZIP					ADDRESS		☐ Cha	nge [J Addinou
TITLE	SARASOTA FL		2.3 \$7		į.				
NAME	SARASOTA FL	☐ DELETE	2.3 \$7	TREET.	į.		□ Cha		Addition
	SARASOTA FL	☐ DELETE	2.3 ST 2.4 C	TREET. SITY-ST TLE	į.				
STREET ADDRESS	SARASOTA FL	☐ DELETE	2.3 ST 2.4 C 3.1 TT 3.2 N	TREET. CITY-ST TLE AME	į.				
STREET ADDRESS CITY-ST-ZIP	SARASOTA FL		2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 3.4. C	TREET. CITY-ST TLE AME TREET CITY-ST	r-zip Address	•	. Cha	inge [] Addition
	SARASOTA FL	☐ DELETE	2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4. C 4.1 TT	TREET. TLE AME TREET TITY-SI TLE	r-zip Address	•		inge [
CITY-ST-ZIP	SARASOTA FL		2.3 ST 2.4 C 3.1 TT 3.2 N 3.3 ST 3.4 . C 4.1 TT 4. 2 N	TREET. TLE AME TREET TREET TLE TLE LAME	r-zip Address r-zip	•	. Cha	inge [] Addition
CITY-ST-ZIP TITLE	SARASOTA FL		23 ST 2.4 C 3.1 TT 32 N 3.3 ST 3.4. C 4.1 TT 4.2 N 4.3 ST	TREET. TLE AME TREET STY-ST TLE IAME TREET	ADDRESS 1-ZIP ADDRESS		. Cha	inge [] Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SARASOTA FL	☐ DELETE	2.3 \$1 2.4 C 3.1 TT 3.2 NV 3.3 \$1 3.4 .C 4.1 TT 4.2 N 4.3 \$1 4.4 CI	TREET. TLE AME TREET TLE TLE LAME TREET TLE LAME TREET	ADDRESS 1-ZIP ADDRESS		_ Cha	inge [Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	SARASOTA FL		2.3 \$\text{S1} \\ 2.4 \text{C} \\ 3.1 \text{TI} \\ 3.2 \text{NV} \\ 3.3 \text{S1} \\ 3.4 \text{C} \\ 4.1 \text{TI} \\ 4.2 \text{NV} \\ 4.3 \text{S1} \\ 4.4 \text{CI} \\ 5.1 \text{TI} \\ 5.1 \text{TI} \\ 5.1 \text{TI} \\ 5.2 \text{TI} \\ 5.3 \text{TI} \\ 5.3 \text{TI} \\ 5.3 \text{TI} \\ 6.4 \text{CI} \\ 6.5 \text{TI} \\ 7.5 \te	TREET. CITY-ST TLE AME TREET CITY-ST TLE LAME TREET TREET TTLE TTLE TTLE TTLE	ADDRESS 1-ZIP ADDRESS		. Cha	inge [] Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SARASOTA FL	☐ DELETE	23 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4. C 4.1 TT 4.2 N 4.3 ST 4.4 CI 5.1 TT 5.2 NV	TREET. TLE AME TREET TLE LAME TREET TLE LAME TREET TLE TREET TLE TREET	ADDRESS 1-ZIP ADDRESS -ZIP		_ Cha	inge [Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SARASOTA FL	☐ DELETE	2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4 .C 4.1 TT 4.2 NV 4.3 ST 4.4 CI 5.1 TT 5.2 NV 5.3 ST	TREET. TLE AME TREET TLE TREET TLE AME TREET TLE TREET TLE TREET TLE TREET TREET TREET	ADDRESS 1-ZIP ADDRESS -ZIP ADDRESS		_ Cha	inge [Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	SARASOTA FL	☐ DELETE	2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4 C 4.1 TT 4.2 NV 4.3 ST 4.4 CI 5.1 TT 5.2 NV 5.3 ST 5.4 CI 5. CI 5.4 CI 5. CI 5.4 CI 5. CI 5.4 CI	TREET. TILE AME TREET TILE AME TREET TILE AME TREET TILE TILE	ADDRESS 1-ZIP ADDRESS -ZIP ADDRESS		Cha	inge [Addition Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SARASOTA FL	☐ DELETE	2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4 .C 4.1 TT 4.2 NV 4.3 ST 4.4 CI 5.1 TT 5.2 NV 5.3 ST	TREET. TILE AME TREET TITLE TAME TREET TITLE TAME TREET TITLE TREET TITLE TREET TITLE TREET	ADDRESS 1-ZIP ADDRESS -ZIP ADDRESS		_ Cha	inge [Addition

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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO