

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

**FILED**

**Jan 29 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # M42161 (3)**

1. Corporation Name  
**NANCY OKUN, INC.**



Principal Place of Business <b>451 S 19 AVE #5 HOLLYWOOD FL 33020 US</b>	Mailing Address <b>451 S 19TH AVE. #5 HOLLYWOOD FL 33020-5075 US</b>
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3. Date Incorporated or Qualified <b>11/24/1986</b>	3a. Date of Last Report <b>03/01/1996</b>
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2. Principal Place of Business 21 <b>1205 N 24 AVE</b>	2a. Mailing Address 26 <b>1205 N 24 AVE</b>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State <b>Hollywood</b>	28 City & State <b>Hollywood</b>
24 Zip <b>33020</b>	25 Country <b>FLORIDA</b>
29 Zip <b>33020</b>	30 Country <b>FLORIDA</b>

4. FEI Number <b>59-2741958</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**OKUN, NANCY  
451 S 19TH AVE  
#5  
HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent

81 Name <b>NANCY OKUN</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1205 N 24 AVE</b>
83 City <b>Hollywood</b>
84 State <b>FL</b>
85 Zip Code <b>33020</b>

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. I am familiar with, and accept the obligations of, Section 607.0502, Florida Statutes.

SIGNATURE: **NANCY OKUN** *Nancy Okun* DATE: **1/22/97**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>OKUN, NANCY</b>	
STREET ADDRESS <b>451 S 19 AVENUE #5</b>	
CITY-ST-ZIP <b>HOLLYWOOD FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

1.1 TITLE <b>SAME</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>SAME</b>	
1.3 STREET ADDRESS <b>1205 N 24 AVE</b>	
1.4 CITY-ST-ZIP <b>HOLLYWOOD FL 33020-3068</b>	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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: **NANCY OKUN** *Nancy Okun* DATE: **1/22/97** DAYTIME PHONE: **954-929-1200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)