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PROFIT CORPORATION ANNUAL REPORT

1999

NIKUN CORPORATION



DOCUMENT # P93000011567

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 02, 1999 8:00 am FLORIDA DEPARTMENT OF STATE Katherine Harris **Secretary of State**

03-02-1999 90171 040 ***150.00

Principal Place of Business Mailing Address 1414 SOUTH CRYSTAL LAKE DRIVE 1414 SOUTH CRYSTAL LAKE DRIVE ORLANDO FL 32806 ORLANDO FL 32806 DO NOT WRITE IN THIS SPACE US US 3. Date Incorporated or Qualifed 02/15/1993 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3167560 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired -Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation owes the current year Intangible Zip Zip Country ☐ Yes ΠNο Personal Property Tax. 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name PATEL. HIMANSHU C. Street Address (P.O. Box Number is Not Acceptable) 82 1414 SOUTH CRYSTAL LAKE DRIVE ORLANDO FL 32806 83 84 85 Zip Code City 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 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable CR2E034 (11/98) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ Change ☐ Addition DELETE 1.1 TITLE TΠE PATEL, HIMANSHU 1.2 NAME NAME 1414 SOUTH CRYSTAL LAKE DRIVE 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition □ DELETE 21 TITLE Change TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition [7] Change ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

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 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.

NG OFFICER OR DIRECTOR

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

☐ Change

Addition