

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED

1995 JUL 25 AM 9:18

TALLAHASSEE, FLORIDA

DOCUMENT # **P93000058577 (6)**

1. Corporation Name
NMK ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
18166 HW 2ND AVE. #1 MIAMI FL 33169
P.O. BOX 694742 MIAMI FL 33269

3. Date Incorporated or Qualified **08/16/1993** 3a. Date of Last Report **04/27/1994**

2. Principal Place of Business 2a. Mailing Address
21 **19553 N W 2nd Ave** 26 **PO Box 694742**
Suite, Apt #, etc. Suite, Apt #, etc.

4. FEI Number **65-0433248** Applied For Not Applicable

22 City & State **MIAMI, FL** 28 City & State **MIAMI FL**

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip **33169** Country **DADE** 29 Zip **33269** Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
GOODEN, SELVYN
4031 S.W. 59TH TERRACE
HOLLYWOOD FL 33023

10. Name and Address of New Registered Agent
81 Name **SELVYN GOODEN**
82 Street Address (P.O. Box Number is Not Acceptable) **5811 TYLER STREET**
83
84 City **Hollywood** FL 85 Zip Code **33021**

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 *Selvyn Gooden*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	GOODEN, SELVYN
STREET ADDRESS	4031 S.W. 59TH TERR
CITY, ST, ZIP	HOLLYWOOD FL 33023
TITLE	D
NAME	GOODEN, COLLEEN T
STREET ADDRESS	4031 S.W. 59TH TERR
CITY, ST, ZIP	HOLLYWOOD FL 33023
TITLE	
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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 type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
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 is, substantially true and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the person or persons 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: *Selvyn Gooden* **Selvyn Gooden** 7/20/95

305-652-3385