

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P93000058577 (6)**

1. Corporation Name  
**NMK ENTERPRISES, INC.**



Principal Place of Business: **19553 N2 2ND AVENUE #1 MIAMI FL 33169 US**  
Mailing Address: **P. O. BOX 694742 MIAMI FL 33269 US**

3. Date Incorporated or Qualified: **08/16/1993**      3a. Date of Last Report: **07/25/1995**  
4. FEI Number: **65-0433248**      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: **160 NW 164 St**  
2a. Mailing Address: **P.O. Box 694742**  
21. Suite, Apt. #, etc.:      26. Suite, Apt. #, etc.:  
22. City & State:      27. City & State: **Miami Florida**  
23. Zip:      Country:      28. Zip:      Country:  
24.      25.      29. **33269**      30.

9. Name and Address of Current Registered Agent  
**GOODEN, SELVYN  
8511 TYLER STREET  
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent  
81. Name: **GOODEN, SELVYN**  
82. Street Address (P.O. Box Number is Not Acceptable): **5606 DOUGLAS ST**  
83. **Hollywood**  
84. City:      85. Zip Code: **FL 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>GOODEN SELVYN</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOODEN, SELVYN</b>	1.2 NAME	
STREET ADDRESS	<b>4031 S.W. 59TH TERR</b>	1.3 STREET ADDRESS	<b>5606 Douglas St</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL 33023</b>	1.4 CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOODEN, COLLEEN T</b>	2.2 NAME	<b>GOODEN Colleen</b>
STREET ADDRESS	<b>4031 S.W. 59TH TERR</b>	2.3 STREET ADDRESS	<b>5606 DOUGLAS ST</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL 33023</b>	2.4 CITY-ST-ZIP	<b>HOLLYWOOD FL 33021</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Selvyn Gooden      Date: **Feb 5, 96**      Daytime Phone #: **652-3385**

CR2E034 (12/95)