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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000087466 1. Corporation Name

NORK AUDIO VIDEO, INC.

Principal Place of Business

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

12751 ORANGE GROVE BLVD. ROYAL PALM BEACH FL 33411

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

12751 ORANGE GROVE BLVD. ROYAL PALM BEACH FL 33411

## Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90104 008 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

П

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

01/01/1995 4. FEI Number

65-0545967

23		28					Trust Fund Contribution		Added to	o Fees
Zip	Country		Zip	Countr	у		8. This corporation owes the cu	irrent year Inta	ingible	_
24	25	29	30				Personal Property Tax.		☐ Yes	□No
				10. Name and Address of New	Registered /	\gent				
DUBOIS, SILVIA R					1 Name			-		
					2 Street A	Addres	s (P.O. Box Number is Not Accep	otable)		
505 SOUTH FLAGLER DRIVE STE. 1330								<u> </u>		
WEST PALM BEACH FL 33401					3		<del></del> -			
•				8	4 City		·	<del>-</del>	85 Zip C	nde
					City			FL		_ ]
office or n	to the provisions of Sections 607.0502 agistered agent, or both, in the State of m familiar with, and accept the obligation	Flori	da. Such change was auth	ionzed b	y the corpo	corpora oration'	ation submits this statement for the board of directors. I hereby acc	e purpose of o ept the appoir	changing its itment as req	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent a	nd title	if applicable. (NOTÉ: Re	gistered Ag	ent signature re	equired w	hen reinstating)	DATE		]
12.	OFFICERS AND	DIRI	ECTORS	13.			ADDITIONS/CHANGES TO C	FFICERS AN		
TITLE	S DELETE		1.1 TITLE				· .	Change	☐ Addition }	
NAME	DUBOIS, SILVIA R			1.2 NAME						Į
STREET ADDRESS	505 SO. FLAGLER DRIVE STE. 1330			1.3 STRE	ET ADDRESS			•		ĺ
CITY-ST-ZIP	WEST PALM BEACH FL		j	1.4 CITY-	ST-ZiP					
TITLE	PD DELETE		2.1 TITLE					☐ Change	Addition	
NAME	NORK, JOSEPH J JR.			2.2 NAME	<u>:</u> ]					ł
STREET ADDRESS	12751 ORANGE GROVE BLVD.			2.3 STRE	ET ADDRESS		*			]
- CITY-ST-ZIP	ROYAL PALM BEACH FL	-		2.4 CITY	ST-ZIP	-	The Same Same Same Same Same Same Same Sam	<u> </u>	<u> </u>	<u></u> .
TITLE			☐ DELETE	3.1 TITLE					Change	Addition
NAME				3.2 NAME	:					
STREET ADDRESS				3.3 STRE	ET ADDRESS					
CITY-ST-ZIP	•			3.4. CITY	-ST-ZIP					
TITLE			☐ DELETE	4.1 TITLE					☐ Change	☐ Addition
NAME				4. 2 NAM	E					ļ
STREET ADDRESS				4.3 STRE	ET ADDRESS					ł
CITY-ST-ZIP	•			4.4 CITY-	ST-ZIP					
TITLE			☐ DELETE	5.1 TITLE					☐ Change	☐ Addition
NAME	_			5.2 NAME	•					ļ
STREET ADDRESS				5.3 STRE	ET ADDRESS					{
CITY-ST-ZIP				5.4 CITY-	ST-ZIP		_			
TITLE			☐ DELETE	6.1 TITLE					☐ Change	Addition
NAME				6.2 NAME						
STREET ADDRESS				6.3 STRE	ET ADDRESS		,			
CITY-ST-ZIP			ė	6.4 CITY-	ST-ZIP					]
14. I hereby	certify that the information supplied with	this	filing does not qualify for th	ne exemp	tion stated	in Se	ction 119.07(3)(i), Florida Statute	s. I further cert	ify that the i	nformation

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.



561-798-4938

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable