

OND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 14, 1999 8:00 am
Secretary of State

09-14-1999 90002 037 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000004042**

Corporation Name
VIKIN INDUSTRIES, INC.

Principal Place of Business 10970 SOUTHWEST 170 TERRACE MIAMI FL 33157	Mailing Address 10970 SOUTHWEST 170 TERRACE MIAMI FL 33157
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/17/1995	
4. FEI Number 65-0549894	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent JBA ACCOUNTING INC 9900 SW 168 ST #9 MIAMI FL 33157	
10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
ET ADDRESS	RICHARDS, WILMA G			1.2 NAME			
ST-ZIP	10850 SOUTHWEST 166TH TERRACE			1.3 STREET ADDRESS			
	MIAMI FL 33157			1.4 CITY-ST-ZIP			
		<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
ET ADDRESS				2.2 NAME			
ST-ZIP				2.3 STREET ADDRESS			
		<input type="checkbox"/> DELETE		2.4 CITY-ST-ZIP			
ET ADDRESS				3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
ST-ZIP				3.2 NAME			
		<input type="checkbox"/> DELETE		3.3 STREET ADDRESS			
ET ADDRESS				3.4 CITY-ST-ZIP			
ST-ZIP				4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
		<input type="checkbox"/> DELETE		4.2 NAME			
ET ADDRESS				4.3 STREET ADDRESS			
ST-ZIP				4.4 CITY-ST-ZIP			
		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
ET ADDRESS				5.2 NAME			
ST-ZIP				5.3 STREET ADDRESS			
		<input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP			
ET ADDRESS				6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
ST-ZIP				6.2 NAME			
		<input type="checkbox"/> DELETE		6.3 STREET ADDRESS			
ET ADDRESS				6.4 CITY-ST-ZIP			

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.

SIGNATURE: **JOSEPH RICHARDS**

8/31/99

305 232 8827

CR2E034 (5/99)



AIKIN INDUSTRIES INC.

P95000004042
614888

Florida Department Of State
Division Of Corporations
Annual Reports Filings
P.O.Box 1500
Tallahassee, Florida 32302-1500

08/07/99

Dear Sir/Madam

We are asking that the late fees for the 1999 filing of the Corporation Annual Report be waived. The reason is that we never received the first notice. Enclosed is a check for One Hundred Fifty Dollars (\$150.00) and we trust that you will grant us this one time waiver of late fees.


Joseph Richards, V.P.