

FILE NOW: FILING FEE AFTER MAY 11 FILED
 May 19 1997 8:00am
 Secretary of State



FLORIDA DEPT
 Sandri
 Secr
 DIVISION OF CORPORATIONS

PROFIT CORPORATION
 ANNUAL REPORT
 1997

DOCUMENT # 1. Corporation Name
 RICK NINKO, INC. 995000064740

Principal Place of Business Mailing Address
 3659 CROSSBOW DR 3659 CROSSBOW DR
 Cocoa, FL 32926 Cocoa, FL 32926

3. Date Incorporated or Qualified 8-21-95
 3a. Date of Last Report 5-20-96

2. Principal Place of Business 21 CORRECT
 Suite, Apt. #, etc. 22
 City & State 23
 Zip 24 Country 25
 2a. Mailing Address 26 CORRECT
 Suite, Apt. #, etc. 27
 City & State 28
 Zip 29 Country 30

4. FEI Number 59-333127 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

9. Name and Address of Current Registered Agent
 RICK NINKO
 3659 CROSSBOW DR
 COCOA FL 32926

10. Name and Address of New Registered Agent
 81 Name SAME
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City FL 85 Zip Code

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 RICK NINKO, DIRECTOR DATE MAY 12, 97
 Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS
 TITLE [] DELETE
 NAME RICK NINKO
 STREET ADDRESS 3659 CROSSBOW DR
 CITY-ST-ZIP COCOA, FL 32926
 TITLE [] DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE [] DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE [] DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE [] DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE [] Change [] Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP
 2.1 TITLE [] Change [] Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP
 3.1 TITLE [] Change [] Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP
 4.1 TITLE [] Change [] Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP
 5.1 TITLE [] Change [] Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP
 6.1 TITLE [] Change [] Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

700002199207
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 ***165.00

14. I do 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: RICK NINKO DATE: MAY 12, 97 DAYTIME PHONE #: (407) 659-3264

CR2E034 (9/96)