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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P95000074764 (8)

1. Corporation Name NOKO, INC.

Principal Place of Business

Mailing Address



312 SURISE I NOKOMIS FL		312 SURISE DRIVE NOKOMIS FL 34275					
					3. Date incorporated or Qualified 09/27/1995	3a. Date of Last Rep	ort
2. Principal Plac	te of Business	2a. Maling Address).CE >	DIVE	4. Fe Number 65-06/39/2	Ap	plied For
21 312	SUNRISE DRIVE	2a. Mailing Address 26] 312 SUNRISE DRIVE Shifte, Act. #, etc.			— N°	t Applicable	
Suite, Apt. #.	, etc	27		5. Certificate of Status Desired	Fee Re		
City & State		City 8 State		6. Election Campaign Financing Trust Fund Contribution S\$5.00 May Be Added to Fees			
Zip	Country Zip		Country		8. This corporation has liability for		99.032,
24	25	29	30		Florida Statutes X Yes 10. Name and Address of New F	No	
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New F	tegistered Agent	
ICARD,MERRILL,CULLIS,TIMM,FUREN & GINSBURG							
ATTN: MICHAEL L. FOREMAN			6:	2 Street Address (P.O. Box Number is Not Acceptable)			
	AIN STREET, SUITE 600			5			
SARASO	OTA FL 34237		84	City		85 Zip 0	Code
				'	pration submits this statement for the pu		
familiar witt	n, and accept the obligations of Sections	m 607,0505, Honda Statuté	OS. VÖTE Fingisterio I Ag		and of directors. Thereby accept the app	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF		
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NAME	WELLER, RICHARD 312 SUNRISE DRIVE		1.2 NAMI		OANE SAME		
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	A CONTRACTOR OF THE CONTRACTOR	with the fluor is relatively for	maichael anaid	and not ovalife	for the even otion stated in Section 11	9.07/35/k). Florida Statute	is I further

I. 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 armual poport 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 13 if changed, or an attachment with an address.

SIGNATURE: __

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD N WELLER, PRESIDENT

April 12, 1996 941-923-7469

CR2E034 (12/9)