

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

FILED
Jun 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000071933 (1)
 1. Corporation Name
KNICKERBOCKERS, INC.



Principal Place of Business 200 RIVERBEND DRIVE SUNRISE FL 33322 1609 SW 13CT Ft. Lauderdale, FL 33312	Mailing Address 200 RIVERBEND DRIVE SUNRISE FL 33322 1609 SW 13CT Ft. Lauderdale, FL 33312
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DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
08/28/1996

2. Principal Place of Business 21 Knickerbocker's Inc Suite, Apt. #, etc. 22 1609 SW 13CT City & State 23 Ft. Lauderdale, FL Zip 24 33312	2a. Mailing Address 26 Knickerbocker's Inc Suite, Apt. #, etc. 27 1609 SW 13CT City & State 28 Ft. Lauderdale, FL 33312 Zip 29 33312	Country 25 Broward	Country 30 Broward
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4. FEI Number
65-0692829 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
LOOMAR, L. GREGORY ESQ.
1152 NORTH UNIVERSITY DRIVE
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent
81 Name Nedra Dawson
82 Street Address (P.O. Box Number is Not Acceptable) 1609 SW 13CT
83 Ft. Lauderdale
84 City **85 Zip Code FL 33312**

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 filing with, and accept the obligations of, Section 607.0505, Florida Statutes.
 SIGNATURE *Nedra Dawson* **Nedra Dawson pres 4/28/98**

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VON ACHEN, GEORGE 200 RIVERBEND DRIVE SUNRISE FL 33322	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Nedra L Dawson 1609 SW 13CT Ft. Lauderdale, FL 33312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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*****150.00**

14. 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: *Nedra Dawson* **Nedra Dawson** *4/28/98* **4/28/98**

CR2E034 (10/97)