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 # P97000009829

1. Corporation Name NKOSIS. INC.

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90020 018 ***150.00



Principal Plac	e of Business	Mailing Address						
8533 MIRAMAR PARKWAY 8533 MIRAMAR PARKWAY								
MIRAMAR FL 33025 MIRAMAR FL 33025						DO NOT WRITE IN THI	S SPACE	
					į	3. Date Incorporated or Qualifed		
	·					01/27/1997		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number		pplied For
21								lot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired		Additional
22	<u> </u>	27						— - :
City & State City & State					i	6. Election Campaign Financing		May Be
23		28	Country			Trust Fund Contribution		to Fees
Ζiρ	Country	Zip	_ <i>'</i>			8. This corporation owes the current year II	ntangible ☐ Yes	₩No
24	25 Address of Curren	29 30	<u>"</u>			Personal Property Tax. 10. Name and Address of New Registered		
	9. Name and Address of Curren	и медізтател мідант	81	Name		10. Italiio and Addiess of Item Registalet	. , . ,	
RAC	KARD, DEREK J		L					
8533 MIRAMAR PARKWAY			82	Street	Address (P.O. Box Number is Not Acceptable)			
MIRAMAR FL 33025			83			14000	 -	
			103	1				
	•		84	City		FI	85 Zip	Code
	,			L		ation submits this statement for the purpose of		- conjetens d
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE: Re	gistered Ager	nt signature r	required v	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
TITLE	DELETE		1,1 T/TLE		Г		Change	Addition
NAME ·	RACKARD, DEREK J		1.2 NAME					
STREET ADDRESS	8533 MIRAMAR PARKWAY			ADDRESS]			
CITY-ST-ZIP	MIRAMAR FL 33025	,	1,4 CITY-S					
TITLE	D DELETE				2		Change	Addition
NAME	TAYLOR, SEAN		22 NAME TA		TAY	IOR, SEAN 323 MAHAMRD. #1611 11AS TX 75240	•	
STREET ADDRESS	ANATA NE ADD COURT ART 4			ADDRESS	13	373 MAHAM KD. FIDII		
CITY-ST-ZIP	MIAMI FL 33179		2, 4 CITY-ST-ZIP		لم	1105 TX 75240		Jacker State
TITLE			3.1 TITLE				☐ Change	Addition
NAME		"	3.2 NAME	i				
STREET ADDRESS			3.3 STREE	T ADDRESS				
CITY-ST-ZIP	1	1	3.4. CITY-5		l .			
TITLE		☐ DELETE	4.1 TITLE		†		Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			1	TADDRESS	Ì			
CITY-ST-ZIP			4.4 CITY-S					
TITLE		☐ DELETE	5.1 TITLE	·			☐ Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREE	TADDRESS				
	<u>'</u>	İ	5.4 CITY-S					
CITY-ST-ZIP		☐ DELETE	6.1 TITLE				☐ Change	Addition
NAME & S	A STATE OF THE STA	ي	6.2 NAME	i	1			_

CITY-ST-ZiP 14. 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, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

BEREKET.