

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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90056 030 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000043693

1. Corporation Name
WYNKEN-BLYNKEN & NOD, INC.



Principal Place of Business 13061 NW 5TH ST PLANTATION FL 33325 US	Mailing Address 13061 NW 5TH ST PLANTATION FL 33325 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1005 Pine Branch Dr. Suite, Apt. #, etc.	2a. Mailing Address 26 1005 Pine Branch Dr. Suite, Apt. #, etc.	3. Date Incorporated or Qualified 05/16/1997	4. FEI Number 65-0769551	Applied For Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23 Weston FL City & State	28 Weston, FL City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24 33326 Zip	25 Broward Country	29 33326 Zip	30 Broward Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent KEMP, JEAN LOUISE 13061 NW 5TH ST PLANTATION FL 33325		10. Name and Address of New Registered Agent		
81 Name				
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDRICKS, ROBERT A	1.2 NAME	
STREET ADDRESS	310 ALHAMBRA CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEMP, WILLIAM	2.2 NAME	Kemp, William
STREET ADDRESS	13061 NW 5TH ST	2.3 STREET ADDRESS	1005 Pine Branch Dr
CITY-ST-ZIP	PLANTATION FL 33325	2.4 CITY-ST-ZIP	Weston, FL 33326
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEMP, JEAN LOUISE	3.2 NAME	Kemp Jean Louise
STREET ADDRESS	13061 NW 5TH ST	3.3 STREET ADDRESS	1005 Pine Branch Dr
CITY-ST-ZIP	PLANTATION FL 33325	3.4 CITY-ST-ZIP	Weston, FL 33326
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Jean Louise Kemp SIGNATURE REQUIRED 1/13/99 954 385-0538
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (1/98)