


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

FILED
Jun 10, 1999 8:00 am
Secretary of State

06-10-1999 90019 018 ***158.75

0469758

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

DOCUMENT # P98000085322

1. Corporation Name
NAK INTERNATIONAL, INC.



Principal Place of Business 225 SANDS POINT RD. #7401 LONGBOAT KEY FL 34228	Mailing Address 225 SANDS POINT RD. #7401 LONGBOAT KEY FL 34228
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 129 TAFT DRIVE Suite, Apt. #, etc. 22 City & State 23 SARASOTA, FL Zip 24 34236 Country 25 USA		2a. Mailing Address 26 129 TAFT DRIVE Suite, Apt. #, etc. 27 City & State 28 SARASOTA, FL Zip 29 34236 Country 30 USA		3. Date Incorporated or Qualified 10/05/1998 4. FEI Number 65-0869241 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
---	--	--	--	--	--

9. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES INC.
4521 PGA BLVD, #211
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name	K.A.KHAN
82 Street Address (P.O. Box Number is Not Acceptable)	129 TAFT DRIVE
83	
84 City	SARASOTA
85 Zip Code	FL 34236

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

4-29-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AHMED, NIGHAT	1.2 NAME	AHMED NIGHAT
STREET ADDRESS	225 SANDS POINT RD, #7401	1.3 STREET ADDRESS	129, TAFT DRIVE
CITY-ST-ZIP	LONGBOAT KEY FL 34228	1.4 CITY-ST-ZIP	SARASOTA FL 34236
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KHAN, KHAN AHMED	2.2 NAME	KHAN, KHAN AHMED
STREET ADDRESS	225 SANDS POINT RD, #7401	2.3 STREET ADDRESS	129, TAFT DRIVE
CITY-ST-ZIP	LONGBOAT KEY FL 34228	2.4 CITY-ST-ZIP	SARASOTA FL 34236
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEIKH, NOREEN	3.2 NAME	
STREET ADDRESS	225 SANDS POINT RD, #7401	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AHMED, SAMER	4.2 NAME	
STREET ADDRESS	225 SANDS POINT RD, #7401	4.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AHMED, AYESHA	5.2 NAME	
STREET ADDRESS	225 SANDS POINT RD, #7401	5.3 STREET ADDRESS	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	5.4 CITY-ST-ZIP	
TITLE	D <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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99

Date

Daytime Phone #

CR2E034 (11/98)