FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED PROFIT** FLORIDA DEPARTMENT OF STATE Jan 29 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # S10869 (3)NAKITA, INC. Principal Place of Business Mailing Address 5820 MEDINAH WAY 5820 MEDINAH WAY ORLANDO FL 32819 ORLANDO FL 32819 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/02/1990 2a. Mailing Address 4. FE! Number 2. Principal Place of Business 21 26 59-3037120 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 NATVAR, NANA 5820 MEDINAH WAY Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32819-1411 83 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 little if applicable (NOTE: Registered Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13, DELETE 1.1 TITLE ☐ Change TITLE NAME NANA, NATVAR 1.2 NAME 5820 MEDINAH WAY STREET ADDRESS 1.3 STREET ADDRESS ORLANDO, FL 32819 CITY - ST - ZIP 1.4 City - ST - ZiP DELETE Change TITLE 2.1 TITLE NANA, JAVANT D. NAME 2.2 NAME 5447 BROOKLINE DRIVE STREET ADDRESS 2.3 STREET ADDRESS ORLANDO, FL 32819 CITY-ST-ZIP 2. 4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE ☐ Change NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST- ZIP DELETE Change TITI F 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filling 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 truly 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 emptivered 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.

MACUIRED --!GNATUR∜

DELETE

DELETE

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

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5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE.

TITLE

NAME

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

1/20/98

(407) 876 5549

Change

Change

Applied For

Zip Code

Addition

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Addition

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Not Applicable