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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90068 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S10869

1. Corporation Name
NAKITA, INC.

Principal Place of Business

5820 MEDINAH WAY
ORLANDO FL 32819
US

Mailing Address

5820 MEDINAH WAY
ORLANDO FL 32819
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified**10/02/1990****4. FEI Number****59-3037120**

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 the current year Intangible Personal Property Tax.**☐ Yes ☐ No**2. Principal Place of Business****21**

Suite, Apt. #, etc.

2a. Mailing Address**26**

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip Country

28

Zip Country

24

Country

Country

29

Country

Country

9. Name and Address of Current Registered Agent

NATVAR, NANA
5820 MEDINAH WAY
ORLANDO FL 32819-1411

10. Name and Address of New Registered Agent**81**

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

City

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 DIRECTORSTITLE **PD** ☐ DELETE

NAME **NANA, NATVAR**
 STREET ADDRESS **5820 MEDINAH WAY**
 CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE **VP** ☐ DELETE

NAME **NANA, JAVANT D.**
 STREET ADDRESS **5447 BROOKLINE DRIVE**
 CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE ☐ DELETE

NAME ☐ DELETE
 STREET ADDRESS ☐ DELETE
 CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE
 STREET ADDRESS ☐ DELETE
 CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

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 CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE
 STREET ADDRESS ☐ DELETE
 CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1211 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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

3/24/99.

Daytime Phone #

CR2E034 (11/98)