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 # S51465

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90090 033 ***150.00

N.K., IN	C.								
Principal Plac	e of Business	Mailing Address			_	- (100;1010 101 011E1 1101; B1010 01101 6:11 6:01	D1811 8184	.1 81811 81	SMIT MINIT SMALL
6385 NW 77 PLACE 6385 NW 77 PLACE									
PARKLAND FL 33067 PARKLAND FL 33067						DO MOT WIDNE IN THE	a on.		
						DO NOT WRITE IN TH 3. Date Incorporated or Qualified	SSPAC	, <u>F</u>	
	•					05/08/1991			
a D::-::-10	Ness of Business	2a. Mailing Address				4. FEI Number		T Ani	olied For
						65-0268131	Not Applicable		
26 Suite, Apt. #; etc							\$8.75_Additional		
22 27						5. Certificate of Status Desired Fee Required			
City & State City & State				-	_	6. Election Campaign Financing \$5.00 May Be			
28						Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Coun	try		8. This corporation owes the current year	ntangibl	е	,
24	25	29	30			Personal Property Tax.	Y		X No
	9. Name and Address of Current	t Registered Agent				10. Name and Address of New Registere	<u>d</u> Agent	<u>. </u>	_
				B1	Name				
	in, neil		- 1	82	Street Addre	ss (P.O. Box Number is Not Acceptable)			
6385 NW 77 PL									
PAR	KLAND FL 33067		1	83					
	•		<u> </u>	84	City	<u> </u>	. 85	Zip C	ode.
	-]	ا 🕶	Ony	F		•••	1,000
SIGNATURE	Signature, typed or printed name of registered agen	nt and title if applicable. (NOTE: I	Registered A	gent:	beriuper erutengia	when reinstatung) DATE ADDITIONS/CHANGES TO OFFICERS A	AND DIE	RECTO	 RS IN 12
TITLE	D	DELETE DELETE	1.1 TIT.	.E		ADDITIONO ANAMOZO TO STATELINO		hange	Addition
NAME	KLEIN, NEIL		1.2 NAW	Æ		-			
STREET ADDRESS			1.3 STR	EET A	ADDRESS				
CITY-ST-ZIP	PARKLAND FL		1.4 CITY						
TITLE	D	☐ DELETE	2.1 TITL				C	hange	☐ Addition
NAME	KLEIN, KAREN		2.2 NAM	Æ					
STREET ADDRESS	ARACCANIA TENNAME		2.3 STR	REETA	ADDRESS			e -	
CITY+ST-ZIP	PARKLAND FL		2. 4 CIT	Y-ST	-ZIP				
TITLE	-	☐ DELETE	3.1 TITL	E			_ 🗆 c	hange	Addition
NAME			3.2 NAM	Æ					
STREET ADDRESS			3.3 STR	REETA	ADDRESS				
CITY-ST-ZIP			3.4. CfT	Y-ST	-ZIP				<u> </u>
TITLE		☐ DELETE 4.1		4.1 TΠLE				hange	☐ Addition
NAME	,		4. 2 NA	ME					
STREET ADDRESS			4.3 STR	REET A	ADDRESS				
CITY-ST-ZIP			4.4 CIT	4.4 CITY-ST-ZIP					
TITLE		☐ DELETE	5.1 TITL					Change	☐ Addition
NAME			5.2 NAM						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			5.4 CIT		-ZIP				
	(17.4) (1.12)	☐ DELETE	6.1 TITL					hange	☐ Addition
NAME 807.	上海科尼 克		6.2 NAM	Æ	1				

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.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE: _

CITY-ST-ZIP

STREET ADDRESS

4-21-99