

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90124 028 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S96812

1. Corporation Name
N.L.K., INC.

Principal Place of Business

~~ONE EAST LAS OLAS CIRCLE~~
~~SUITE PH-4~~
~~PORT LAUDERDALE FL 33316~~
~~46~~

Mailing Address

~~ONE EAST LAS OLAS CIRCLE~~
~~SUITE PH-4~~
~~PORT LAUDERDALE FL 33316~~
~~46~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/26/1991

4. FEI Number

65-0304977

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 1 Las Olas Circle

Suite, Apt. #, etc.

22 Penthouse 4

City & State

23 Ft. Lauderdale, FL

Zip Country

24 33316

25

2a. Mailing Address

26 1 Las Olas Circle

Suite, Apt. #, etc.

27 Penthouse 4

City & State

28 Ft. Lauderdale, FL

Zip Country

29 33316

30

9. Name and Address of Current Registered Agent

ANDREWS, ANTHONY T

~~ONE EAST LAS OLAS CIRCLE PH-4~~

~~FT. LAUDERDALE FL 33316~~

10. Name and Address of New Registered Agent

81 Name

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

1 Las Olas Circle

83 **Penthouse 4**

84 City

Ft. Lauderdale

FL

85 Zip Code

33316

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 of or printed name of registered agent and title if applicable.

Anthony T. Andrews, President

4/27/99

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ DELETE

NAME **ANDREWS, ANTHONY T.**

STREET ADDRESS **1 LAS OLAS CIRCLE PH-4**

CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE ~~46~~ ☐ DELETE

NAME **ANDREWS, JACQUELINE**

STREET ADDRESS **ONE LAS OLAS CIRCLE, PH-4**

CITY-ST-ZIP **PORT LAUDERDALE FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 CAPTIONED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony T. Andrews, President

4/27/99

954-764-7731

Date

Daytime Phone #

CR2E034 (11/98)