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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 355688

(3)

NICK'S RESTAURANT, INC.

Principal Place of Business

Mailing Address

## FILED Feb 09 1998 8:00am Secretary of State



105 EAST HALLANDALE BEACH BLVD. HALLANDALE FL 33009		105 EAST HALLANDALE BEACH BLVD. HALLANDALE FL 33009			
THE DITORLE I C 00000		TIMEDANDALE PE 30009		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				11/21/1969	
2. Principal Place of Business 2a. Mailin		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1276728	Not Applicable
Suite, Apt. #, etc.		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
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cur	rent year Intangible
24	25	29	30		Yes X No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
MILLER, JAMES FOX 81 Name					
332	5 HOLLYWOOD BLVD		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
HO	LLYWOOD FL 33021		-   020017101	or one (Fig. 20) Harrison to Hot, Hopopadole,	
			83		
			04 07		
			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	prature, typed or printed name of registered agen	t and title it applicable (NO)	FE: Registered Agent signature requ	uired when reinstating) DATE	·
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	ADDITIONO/OFFANGEO TO OFF TOLE TO AND	Change Addition
NAME	GIANOS.NICK		1.2 NAME	•	E onango E radición
STREET ADDRESS	105 E.HALLANDALEBCH BLV	m	1.3 STREET ADDRESS		
· I	HALLANDALE FL				
CITY-ST-ZIP TITLE	T	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
	MILLED IAMES FOV		1		Change Addition
NAME	MILLER, JAMES FOX		2.2 NAME		
STREET ADDRESS	3325 HOLLYWOOD BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		Ĭ
STREET ADDRESS			3,3 STREET ADDRESS		
CiTY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CiTY-ST-ZiP	the that the information counties a cold	this filles does not aways (	6.4 CITY-ST-ZIP	Coefficient (10.07/0V/)) Floring Ones to 17.55	46.45-146-146
indicated on	ny mantie intomiaton supplied with	t this ming does not quality to	n die exemption stated in	Section 119.07(3)(i), Florida Statutes. I further cer	tiry that the information

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 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 or an attachment with an address.

SIGNATURE:

Yar-LIBE REQUISED

1/4/90