H-28-99 B 5729 C FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998

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Zip

Suite, Apt. #. etc.

City & State



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

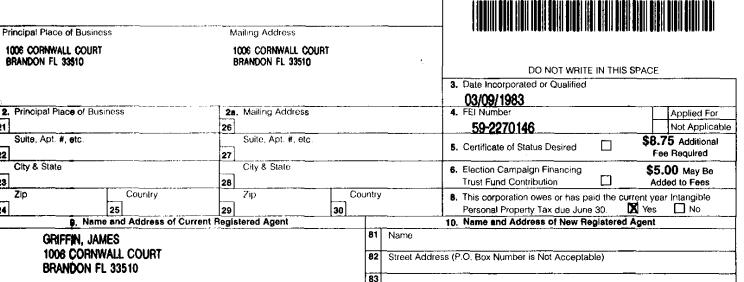
DOCUMENT #

(4)

NICKI ENTERPRISES, INC.

Principal Place of Business	Mailing Address		
1006 CORNWALL COURT BRANDON FL 33\$10	1006 CORNWALL COURT BRANDON FL 33510		

FILED Apr 28 1998 8:00am Secretary of State



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. 1 a	m familiar with, and accept the obligations	of, Section 607.0505, Flo	orida Statutes.			
SIGNATURE	Signature, typed or printed name of registerest agent and t	de d'applicable (NOT	E Rogistored Agent signature required	d when reinstating)	DATE	
12.	OFFICERS AND DIR		13.		TO OFFICERS AND DIRECT	ORS IN 12
TITLE	V	DELETE	1 1 THTLE		☐ Chan	ge 🔲 Additio
NAME	GRIFFIN, SANDRA		1.2 NAME			
STREET ADDRESS	1006 CORNWALL COURT		1.3 STREET ADDRESS			
CITY-ST-ZIP	BRANDON, FL 00000		1.4 CITY - ST - ZIP			
TITLE	P	DELETE	2 1 TITLE		☐ Chan	ge Additio
NAME	GRIFFIN, JAMES		2.2 NAME			
STREET ADDRESS	1006 CORNWALL COURT		2.3 STREET ADDRESS			
CITY-ST-ZIP	BRANDON FL		2. 4 CITY-ST-ZIP			
TITLE	T	☐ DELETE	3.1 TITLE		Chan	ge 🔲 Additio
NAME	GRIFFIN, MATTHEW		3.2 NAME			
STREET ADDRESS	1006 CORNWALL CT.		3 3 STREET ADDRESS			
CITY-ST-ZIP	BRANDON FL		3.4. CITY-ST-ZIP			
TITLE	S	DELETE	4.1 TITLE		☐ Chan	ge 🔲 Additio
NAME	GRIFFIN, MICHAEL		4. 2 NAME			
STREET ADDRESS	1006 CORNWALL CT.		4.3 STREET ADDRESS			
CITY-ST-ZIP	BRANDON FL		4.4 CITY - ST- ZIP			
TITLE		DELETE	5.1 TITLE		☐ Chan	ge 🔲 Additio
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 1ITLE		☐ Chan	ge Additio
NAME			62 NAME			
STREET ADDRESS			6 3 STREET ADDRESS			
City_St.7IP			BACITY-ST 7ID			

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.

MILL SULLAN GOVERN N-22-98 818-189-0711

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Zip Code