

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Martin
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S96660** (3)

1. Corporation Name
SOMETHING NICE, INC.



Principal Place of Business: **4618 BARTLET ROAD HOLIDAY FL 34690-5532**
Mailing Address: **4618 BARTLET ROAD HOLIDAY FL 34690-5532**

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 11/26/1991	3a. Date of Last Report 07/17/1995
4. FEI Number 31-1339948	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BAYS, BERT P. 2247 CHANCERY DRIVE HOLIDAY FL 34690	10. Name and Address of New Registered Agent
81 Name	81 Name
82 Street Address (P.O. Box Number is Not Acceptable)	82 Street Address (P.O. Box Number is Not Acceptable)
83	83
84 City	84 City
85 Zip Code	85 Zip Code

11. Pursuant to the provisions of Sections 607.0109 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: *Bert P. Bays* DATE: **4-5-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAYS, BERT P.	12. NAME	
STREET ADDRESS	2247 CHANCERY DRIVE	13. STREET ADDRESS	
CITY - ST - ZIP	HOLIDAY FL	14. CITY - ST - ZIP	
TITLE	VD	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAYS, J, H, JR	22. NAME	
STREET ADDRESS	4618 BARTLET RD	23. STREET ADDRESS	
CITY - ST - ZIP	HOLIDAY FL	24. CITY - ST - ZIP	
TITLE	SD	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURCHAM, SANDRA	32. NAME	
STREET ADDRESS	4618 BARTLET RD	33. STREET ADDRESS	
CITY - ST - ZIP	HOLIDAY FL	34. CITY - ST - ZIP	
TITLE	TD	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAYS, CAROL, S	42. NAME	
STREET ADDRESS	2247 CHANCERY DR	43. STREET ADDRESS	
CITY - ST - ZIP	HOLIDAY FL	44. CITY - ST - ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not pertain, for the exemption stated in Section 19.07(3)(k), 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 in an attachment with an address.

SIGNATURE: *Bert P. Bays* DATE: **4-5-96** 204-525-8961

CR2E034 (12/95)