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PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 JUL 23 PM 1:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 373860

1. Corporation Name

NIKKI BEARE & ASSOCIATES, INC  
R#3 Box 786 HAVANA, FL 32333

Principal Place of Business

Mailing Address

3. Date Incorporated or Qualified  
1970

3a. Date of Last Report  
4/22/96

2. Principal Place of Business

HAVANA

2a. Mailing Address

21 R#3 Box 786 FL 32333 26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 R#3 Box 786

27 Same

City & State

City & State

23 HAVANA

28 Same

Zip

Country

Zip

Country

24 32333

25 GADSDEN

29 32333

30 Same

4. FEI Number

59-1309845

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

M.A. NIKKI BEARE  
R#3 Box 786  
HAVANA, FL 32333

81 Name

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

83

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE Beare, NIKKI P.T. ☐ DELETE  
NAME  
STREET ADDRESS R#3 Box 786  
CITY-ST-ZIP HAVANA, FL 32333

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS 700002245277--8  
1.4 CITY-ST-ZIP -07/23/97--01081--009  
\*\*\*\*\$50.00 \*\*\*\*\$50.00

TITLE BEARE, Richard VS ☐ DELETE  
NAME  
STREET ADDRESS R#3 Box 786  
CITY-ST-ZIP HAVANA, FL 32333

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE Beare, Sandra VP ☐ DELETE  
NAME  
STREET ADDRESS R#3 Box 786  
CITY-ST-ZIP HAVANA, FL 32333

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nikki Beare president

7/23/97 539-9955

Date

Daytime Phone #

CR2E034 (9/96)