FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 PM 11:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 394083 (0)

1. Corporation Name
JACK NIES REAL ESTATE, INC.

Principal Place of Business	Mailing Address
111 S. FEDERAL HIGHWAY POMPANO BCH FL 33062	111 S. FEDERAL HIGHWAY POMPANO BCH FL 33062

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/14/1972
3a. Date of Last Report: 04/25/1994

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

4. FEI Number: 59-1382878 ☐ 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

NIES,JOHN G
2790 NE 7TH STREET
POMPANO BCH FL 33062

10. Name and Address of New Registered Agent

81 Name: SHERRI GALIETTE
82 Street Address (P.O. Box Number is Not Acceptable): 111 S. FEDERAL HWY
83
84 City: POMPANO BCH FL 85 Zip Code: 33062

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: Sherri Galiette 4-26-95
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	VD	1.1 TITLE	PERSONAL REPRESENTATIVE	☑ Change ☐ Addition
NAME	NIES, CAROL A	1.2 NAME	SHERRI GALIETTE	
STREET ADDRESS	2790 N E 7TH STREET	1.3 STREET ADDRESS	111 S FEDERAL HWY	
CITY-ST-ZIP	POMPANO BCH FL	1.4 CITY-ST-ZIP	POMPANO BCH FL 33062	
TITLE	PD	2.1 TITLE	PERSONAL REPRESENTATIVE	☑ Change ☐ Addition
NAME	NIES, JOHN G	2.2 NAME	SHERRI GALIETTE	
STREET ADDRESS	2790 N E 7TH STREET	2.3 STREET ADDRESS	111 S. FEDERAL HWY	
CITY-ST-ZIP	POMPANO BCH FL	2.4 CITY-ST-ZIP	POMPANO BCH, FL 33062	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: ✓ Sherri Galiette ✓ 4-26-95 ✓ 305 720 0115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0103882 CP