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 #

596433

(3)

THE WOODEN NICKEL OF TAMPA, INC.

FILED Apr 17 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address			T 1003.01 ESSUE COLSA BEST BIODE VITO FINI DION DION BION OSDIT DIBLI DIBLI BION 1001	
1441 E. FLETCHER		1441 E. FLETCHER				
SUITE 141		SUITE 141		DO NOT WOTE IN THE ORACE		
TAMPA FL 33812			TAMPA FL 33612		DO NOT WRITE IN THIS SPACE	
US		US	US		3. Date Incorporated or Qualified	
9 Principal P	lane of Rueingee	2a. Mailing Address			12/01/1978 4. FEI Number	A1:-4 F
2. Principal Place of Business 21		26. Walling Address				Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			59-1867743	\$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			8. This corporation owes or has paid the o	
24	25	29	29 30		Personal Property Tax due June 30. 2 Yes No	
	9. Name and Address of Curre	10. Name and Address of New Registere	d Agent			
OLI	VERI JR, VINCENT		8	1 Name		
		8	Stroot Ado	dress (P.O. Box Number is Not Acceptable)		
	18 Cannery Ct. MPA FL 33647		"	s olieet Auc	areas (F.O. Box Number is Not Acceptable)	
			8	3		
			-	0.4		last on our
			8	1 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered						
office or re	egistered agent, or both, in the State m familiar with, and accept the oblid	e of Florida, Such change was rations of Section 607 0505, Et	authorized I lorida Statut	by the corpora	ation's board of directors. I hereby accept the a	opointment as registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE Signature, typed or pented name of registered agent and ten diapplicable (NOTE: Registered Agent signature rec					ired when reinstating) DA18	
12.	OF LICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTORS IN 12
TITLE	PVS	☐ DELE te	1.1 TITLE			Change Addition
NAME	OLIVERI JR, VINCENT		1.2 NAM			
STREET ADDRESS	5306 CANNERY CT.		1.3 STRE	ET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY	ŠT-ZIP		
TITLE	T	DELETE	2.1 TITLE			Change Addition
NAME	OLIVERI JR, VINCENT		2.2 NAME			
STREET ADDRESS	5306 CANNERY CT.		2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL		2. 4 C/TY	-ST-ZIP		
TITLE	_	☐ DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STRE	ET ADDRESS		
CITY-ST-ZIP			3.4. CITY	- ST - ZIP		
TITLE	☐ DELETE		4.1 THILE		·	☐ Change ☐ Addition
NAME			4. 2 NAM	E		j
STREET ADDRESS			4.3 STREI	T ADDRESS		İ
CITY-ST-ZIP			4.4 CITY -	\$T-ZIP		
TITLE	☐ DELETE		5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 S1REI	T ADDRESS		
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	5.4 CITY-			
T∏LE		☐ DELETE				Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREI	1 ADDRESS		1
CITY-ST-ZIP			64 CITY			
14. Thereby 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 path; that I am an						
officer or director of the corporation of the receiver or touche 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, o on an attachment with an address.						