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 # F9200000167 (8)

NICOLE DURR LTD., INC.

Principal Place of Business Mailing Address								1581A 31141 1A81 1A81	
777 SOUTH FLAGLER 8TH FLOOR - WEST WEST PALM BEACH (TOWER	2200 N FL MANGO RD 2ND FLOOR WEST PALM BEACH FL 33401 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/09/1992				
2. Principal Place of B	Business	2a, Mailing Address			4. FEI Number		Applied For		
21		26			13-3182528 Not Applicable				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees		
Zip 24	Country 25	Ζιρ 29	Cour	itry		This corporation owes or has paid the corporation owes or has paid the corporation of the personal Property Tax due June 30.	urrent y		
g. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
SLAVIN, MICHAEL A 4440 PGA BLVD. STE 402				81	Name Street Addre	ess (P.O. Box Number is Not Acceptable)		<u></u>	
PALM BCH GARDENS FL 33410									
			-	84	City	Fi	85	Zip Code	
office or registere	d agent, or both, in the Sta	502 and 607.1508, Florida Statut to of Florida. Such change was igations of, Section 607.0505, Fl	authorized	Ιbν	the corporati	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of char pointm	nging its registered nent as registered	
SIGNATURE Signature	typed or profited name of registered a	agest and title if applicable (NOT	£ Rogistered	Ager	nt signature require	ad when reinstating) DATE			
12.	OFFICERS AND DIRECTORS 1					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE POV		☐ DELETE	1.1 TIT	LE				Change 🔲 Addition	
NAME DURR, NICOLE 1.				1.2 NAME					

WEST PALM BEACH FL 33401 CITY - ST - ZIF 1.4 CITY - ST - ZIP DELETE ☐ Addition TITLE 21 TITLE Change NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change THLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY - ST - ZIP TITLE ☐ DELETE 6.1 TITLE ☐ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP

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 suppliemental 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 his 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:

FILED

Apr 28 1998 8:00am

Secretary of State

2E034 (10/97)