**FILED** 

03-06-1999 90018 003 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT #

<ol> <li>Corporation</li> </ol>	NICS, INC.			) I Herika bin beni benih bindi bindi bindi birdi bir
Principal Place of Business Mailing Address				
103100 OVERSE STE 31	AS HWY	1315B HOMESTEAD RD LEHIGH ACRES FL 33936		
KEY LARGO FL	33037	US		DO NOT WRITE IN THIS SPACE
US				3. Date Incorporated or Qualifed
				03/18/1986
2. Principal Pl	ace of Business	2a. Mailing Address	^ ^ -	4. FEI Number Applied For
21		26 4504 LD	A COUR	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired See Required
22		City & State		
City & State	3	28 LA POLLO.	ドレ	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	This corporation owes the current year Intangible
24	25	29 33935 130	٠ ١٠ ١٠ ١٠	Personal Property Tax. Yes No
<del> </del>	9. Name and Address of Current		-	10. Name and Address of New Registered Agent
81 Name < A				Same
BARBER, GILBERT J			82 Street	Address (P.O. Box Number is Not Acceptable)
1315 B HOMESTEAD ROAD			4:	504 IDA Court
LEH	GH ACRES FL 33936		83	
			84 City 1	85 Zip Code
LARO				ム Keizie - FL   さなくち!
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 familia with and accept the obligations of, Section 607 0505, Florida Statutes.				
SIGNATURE GILBERT BARRER PORS 2/22/93				
	Signature, typed or printed name of registered agent a		egistered Agent signature	
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change ☐ Addition
TITLE	PD CH PERT C ID	LJ DELETE	1.1 TITLE 1.2 NAME	
NAMÉ	Barber, Gilbert C. Jr. 1315 B Homestead RD		1	4504 IDA COURT
STREET ADDRESS	LEHIGH ACRES FL 33936		1.3 STREET ADDRESS	148-119 21 3335
CITY-ST-ZIP TITLE	LETIGH ACRES PL 33936	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	Change Addition
NAME			2.2 NAME	
			2.3 STREET ADDRESS	
STREET ADDRESS			2. 4 CITY-ST-ZIP	·
CITY-ST-ZIP TITLE		DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		<del></del> .	3.2 NAME	. –
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	. ,
STREET ADORESS			5.3 STREET ADDRESS	·
CITY-ST-ZIP			5.4 CITY-ST-ZIP	DObacca Claudian
TITLE		☐ DELETE	, 6.1 TITLE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	, ,

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 supplemental annual report is true and accurate and that my signature shall have the same legal effect as it 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 chapter 607 and attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP