

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

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90162 030 \*\*\*150.00

0557655

DOCUMENT # **J12695**

1. Corporation Name  
**NICKEL ENTERPRISES CORP.**



Principal Place of Business  
**104 CRANDON BLVD #320  
MIAMI FL 33149**

Mailing Address  
**P O BOX 490-448  
KEY BISCAYNE FL 33148-4904  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 260 Crandon Blvd Suite, Apt. #, etc. 22 Suite #14 City & State 23 Key Biscayne FL Zip 24 33149		2a. Mailing Address 26 260 Crandon Blvd Suite, Apt. #, etc. 27 Suite #14 City & State 28 Key Biscayne FL Zip 29 33149		3. Date Incorporated or Qualified <b>05/05/1986</b>	
				4. FEI Number <b>59-2685120</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SALA, A. ROSEMARY  
328 CRANDON BLVD.  
SUITE 202  
KEY BISCAYNE FL 33149**

10. Name and Address of New Registered Agent

81 Name **Sala, A. Rosemary**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**260 Crandon Blvd**  
83 **Suite #14**  
84 City **Key Biscayne** FL 85 Zip Code **33149**

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.

**A. ROSEMARY SALA**

(NOTE: Registered Agent signature required when reinstating)

**4/27/99**

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PST</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SALA, A. ROSEMARY</b>	1.2 NAME	
STREET ADDRESS	<b>328 CRANDON BLVD., SUITE 202</b>	1.3 STREET ADDRESS	<b>260 Crandon Blvd, Suite #14</b>
CITY-ST-ZIP	<b>KEY BISCAYNE FL 33149</b>	1.4 CITY-ST-ZIP	<b>Key Biscayne FL 33149</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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, with all other like empowered.

SIGNATURE:

**A. ROSEMARY SALA**

**4/27/99**

**(305) 361-0405**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)