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 Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90267 002 ***150.00

					→ _		
DOCUÎ 1. Corporation NICKIE S							
Principal Place	of Business	Mailing Address				ONDIN DIBIN DEDAH D	HIBIT AFBIE IAET.
1222 NE 4TH AVE FORT LAUDERDALE FL 33304 US 1222 NE 4TH AVE FORT LAUDERDALE FL 33304 US					.DO NOT WRITE IN TH	S SPACE	
					3. Date Incorporated or Qualifed 10/06/1986		
2 Principal Pl	lace of Business	2a, Mailing Address			4. FEI Number	Ap	plied For
21		26			59-2723795	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75	
22		27	<u> </u>				equired
City & State	e	City & State			6. Election Campaign Financing	\$5.00 Added	May Be
23	Country	28 Zip	Country		Trust Fund Contribution		io rees
Zip	Country	29 30	Country		 This corporation owes the current year I Personal Property Tax. 	ntangible ⊠ Yes	□No
24	9. Name and Address of Currer		<u> </u>		10. Name and Address of New Registere		
		<u> </u>	81	Name			
	MS, MONIQUE		82	Street Ad	ddress (P.O. Box Number is Not Acceptable)		
1330 NW 43RD AVE				Cirodityid			
#105			83				
LAUI	DERHILLS FL 33313		84	City		85 Zip	Code
			i	'	<u>F</u>		
office or r	egietered agent or both in the State	of Florida, Such change was autho	onzea ov	the corpora	propriation submits this statement for the purpose ation's board of directors. I hereby accept the app	of changing its ointment as re	registered gistered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florida	Statutes		, , , ,		
SIGNATURE				·	uired when reinstating) DATE		İ
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.	it signature requ	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	ORS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	CHAMS, MONIQUE		1.2 NAME				•
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		1.3 STREET	ADDRESS			
CITY-ST-ZIP			1.4 CITY-S	T-ZIP			
TITLE			2.1 TITLE			Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET	ADDRESS			-
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP		Change	□ Addition
TITLE		☐ DELETE 3.11				[] Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET				
CITY-ST-ZIP			3.4. CITY-S 4.1 TITLE	T-ZIP		Change	Addition
TITLE			4. 2 NAME				
NAME			4.3 STREET	TADDRESS			
STREET ADDRESS CITY-ST-ZIP			4.4 CITY-S				
TITLE			5.1 TITLE			Change	☐ Addition
NAME		j	5.2 NAME				
STREET ADDRESS			5.3 STREET	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME 6.3 STREET				-

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/02/99 (954) 485-5846

CR2E034