


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

FILED
Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K61285 (8) 1. Corporation Name THE NICE PICTURE COMPANY, INCORPORATED					
Principal Place of Business 308 FIRST ST NW 100 WEST 7TH AVENUE HAVANA FL 32333 US			Mailing Address 308 FIRST ST NW 100 WEST 7TH AVENUE HAVANA FL 32333-1661 US		
2. Principal Place of Business 21 2019 TRESMOTT DR Suite, Apt. #, etc. 22 City & State 23 TALLAHASSEE, FLORIDA Zip 24 32312		2a. Mailing Address 26 2019 TRESMOTT DR Suite, Apt. #, etc. 27 City & State 28 TALLAHASSEE FLORIDA Zip 29 32312		3. Date Incorporated or Qualified 01/26/1989 3a. Date of Last Report 05/01/1996 4. FEI Number 59-2926351 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent JACOBY, THOMAS M. 308 FIRST ST NW HAVANA FL 32333			10. Name and Address of New Registered Agent 81 Name THOMAS M. JACOBY 82 Street Address (P.O. Box Number is Not Acceptable) 2019 TRESMOTT DRIVE 83 84 City TALLAHASSEE FL 85 Zip Code 32312		
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) (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS TITLE PS <input type="checkbox"/> DELETE NAME JACOBY, THOMAS M. STREET ADDRESS 308 FIRST ST NW CITY-STATE-ZIP HAVANA FL TITLE VT <input type="checkbox"/> DELETE NAME JACOBY, MELISSA C. STREET ADDRESS 2019 TRESMOTT DRIVE CITY-STATE-ZIP TALLAHASSEE FL TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 2019 TRESMOTT DRIVE 1.4 CITY-STATE-ZIP TALLAHASSEE, FL 32312 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2019 TRESMOTT DRIVE 2.4 CITY-STATE-ZIP TALLAHASSEE, FL 32312 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-STATE-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-STATE-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-STATE-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-STATE-ZIP		
14. I do 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.					
SIGNATURE: THOMAS M. JACOBY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/18/97 904-422-8439 Date Daytime Phone #		

CR2E034 (9/96)