

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

FILED

Jan 29 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 # K70152

(9)

1. Corporation Name

NICKLE & DIME PROPERTIES, INC.

Principal Place of Business

C/O GOODMAN, BREEN & LILE  
3033 RIVIERA DRIVE, SUITE 106  
NAPLES FL 33940

Mailing Address

C/O GOODMAN, BREEN & LILE  
3033 RIVIERA DRIVE, SUITE 106  
NAPLES FL 34103-2746

3. Date Incorporated or Qualified  
03/03/1989

3a. Date of Last Report  
02/15/1996

4. FEI Number

65-0132942

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 c/o Goodman & Breen

5551 Ridgewood Drive

22 Suite 405

City & State

23 Naples, Florida

24 Zip  
34108

25 Country  
USA

2a. Mailing Address

26 c/o Goodman & Breen

5551 Ridgewood Drive

27 Suite 405

City & State

28 Naples, Florida

29 Zip  
34108

30 Country  
USA

9. Name and Address of Current Registered Agent

GOODMAN, KENNETH D.  
3033 RIVIERA DRIVE, SUITE 106  
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

5551 Ridgewood Drive, Suite 405

83

84 City

Naples

FL

85 Zip Code  
34108

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	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
DVP	BROWER, MICHAEL	5090 - 6TH AVE., S.W.	NAPLES FL	<input type="checkbox"/>
DS	GOODMAN, KENNETH D.	6622 NEW HAVEN CIRCLE	NAPLES FL	<input type="checkbox"/>
DT	OSBORNE, LARRY D.	5061 8TH AVE, SW	NAPLES FL	<input type="checkbox"/>
DP	TALBOTT, PATRICK E.	5471 8TH AVE, SW	NAPLES FL	<input type="checkbox"/>
DVP	MCDONALD, LARRY	2821 66TH STREET S.W.	NAPLES FL	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/97 (941) 263-4455

CR2E034 (9/96)