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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90207 031 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K70152

1. Corporation Name

NICKLE & DIME PROPERTIES, INC.



Principal Place of Business C/O GOODMAN & BREEN 5551 RIDGEWOOD DRIVE STE 405 NAPLES FL 34108- US	Mailing Address C/O GOODMAN & BREEN 5551 RIDGEWOOD DRIVE STE 405 NAPLES FL 34108- US
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address revision:

address revision:

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 c/o Goodman & Breen Suite, Apt. #, etc. Ste 300 22 3838 Tamiami Trail N City & State Naples, FL Zip 34103-3590 Country US	2a. Mailing Address 26 c/o Goodman & Breen Suite, Apt. #, etc. Ste 300 27 3838 Tamiami Trail N City & State Naples, FL Zip 34103-3590 Country US
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3. Date Incorporated or Qualified 03/03/1989	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number 65-0132942	
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 owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOODMAN, KENNETH D.
5551 RIDGEWOOD DRIVE STE 405
NAPLES FL 34108-
address revision: **3838 Tamiami Trail N**
34103-3590 Suite 300

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWER, MICHAEL	1.2 NAME	
STREET ADDRESS	5090 TAMARIN RIDGE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODMAN, KENNETH D.	2.2 NAME	
STREET ADDRESS	6622 NEW HAVEN CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSBORNE, LARRY D.	3.2 NAME	
STREET ADDRESS	5061 SYCAMORE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TALBOTT, PATRICK E.	4.2 NAME	
STREET ADDRESS	5471 SYCAMORE DR	4.3 STREET ADDRESS	1611 LINDBERG AVENUE
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	LAKE PLACID, FL
TITLE	DVP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDONALD, LARRY	5.2 NAME	
STREET ADDRESS	2821 66TH STREET S.W.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	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

LARRY D. OSBORNE
SIGNATURE REQUIRED

2/3/99

941-263-4455

CR2E034 (11/98)