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PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

SIGNATURE

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 25 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K93142

(3)

NICKEL CITY, INC. Principal Place of Business Mailing Address **% FRANCIS J. SUKIENNIK** % FRANCIS J. SUKIENNIK 7658 PARK BLVD. 7658 PARK BLVD. PINELLAS PARK FL 33781-3755 PINELLAS PARK FL 34685 3. Date Incorporated or Qualified 3a. Date of Last Report 03/04/1996 06/05/1989 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-296 1007 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be **Trust Fund Contribution** Added to Fees 23 28 Z_{ip} Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SUKIENNIK, FRANCIS J. 7658 PARK BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) PINELLAS PARK FL 34665 83 Ř4 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 (NOTE: Registered Agent signature required when reinstating) Signature, Twent or print of nance of in distered agent and title if applicable. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change TILLE DELETE 1.1 TITLE ___ Addition SUKIENNIK, FRANCIS J. NAME 1.2 NAME 7658 PARK BLVD. STREET ADDRESS 1.3 STREET ADDRESS PINELLAS PARK FL CITY - ST - ZIF 1.4 CITY-ST-ZIP DELETE TOLE 21 TITLE Change Addition NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 2.4 CITY-ST-ZIP DELETE ☐ Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-S1-ZIP 3.4. CITY-ST-ZIP ___ DELETE Addition 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CHTY - ST - ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** 54 CITY-ST-ZIP CHT-ST-7P TIFLE ☐ DELETE 61 TITLE ☐ Change Addition NAME 6.2 NAME

6.3 STREET ADDRESS

64 CITY-ST-ZIP

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

FRANCIS 5. SUKILINNIK 2/4/97

14. I do hereby certily 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

appears in Block 12 or Block 13 if changed, or on an attachment with an address.