FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Jun 18 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B: Morthain Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # (5) NICK'S ENTERPRISES, INC. Principal Place of Business Mailing Address NICHOLAS D. HUTTON 4712 DAVISSON AVE. % NICHOLAS D. HUTTON 4712 DAVISSON AVE. ORLANDO FL 32804 DO NOT WRITE IN THIS SPACE ORLANDO FL 32604 3. Date Incorporated or Qualified 10/05/1989 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For Not Applicable 21 26 59-3008247 Suite, Apt. #, etc Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HUTTON, NICHOLAS D. 4712 DAVISSON AVE. Street Address (P.O. Box Number is Not Acceptable) 82 ORLANDO FL 32804 83 84 City Zip Code 85 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0509, Florida Statutes. SIGNATURE Signature: typed or printed name of regiscres Layerd and Life diapplicable. (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change TITLE 11 TIFLE NAME **HUTTON, NICHOLAS D.** 1.2 NAME STREET ADDRESS 4712 DAVISSON AVE 1.3 STREET ADDRESS ORLANDO FL 32804 CITY-ST-ZIP 1.4 CITY - ST - 71P Addition DELETE Change 21 THLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-7IP DELETE Change Addition 3 1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-7IP CITY - ST- ZIP TITLE DELETE 4.1 TITLE Change Addition 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Change DELETE Addition 5 1 10 LF TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CHY-ST-ZIP

Block 12 or Block 13 if changed, or pit an

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DELETE

6.1 1ITUE

6.2 NAME

6.3 STREET ADDRESS

64 CHY-ST-ZIP 14. Thereby certify that the information supplied with this filing closs 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 supplicmental annual report is true and accurate and that my signature shall have the same logal effect as if made under early that I am an officer or director of the corporation or the preciser or trustree corporates to the corporation or the preciser or trustree corporates. Block 13 it capacity for an antition and the same logal effect as if made under early what is a potential or the corporation of the preciser or trustree corporates.

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Change

Addition