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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 13 1998 8:00am Secretary of State

Principal Place of Business Mailing Address 5206 GEORGE RD SUITE # 187 TAMPA FL 33625 US DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 11/06/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied Fo	1. Corporation Name NICHOLAS P	N # L2859 PROPERTIES, INC.	97 (7))					
SUITE # 187 TAMPA FL 33625 US 2. Principal Place of Businoss 3. Date Incorporated or Qualified 11/06/1989 2. Principal Place of Businoss 2. Principal Place of Businoss 3. Date Incorporated or Qualified 11/06/1989 3. FEI Number Applied For Sp-2982687 3. Dot Applied For Sp-2982687 3. Date Incorporated or Qualified 3. Determined For Sp-2982687 3. Date Incorporation of Qualified 3. Determined For Sp-2982687 3. D	Principal Place of Bu	siness	Mailing Address	5206 GEORGE RD SUITE # 187			1 10011071		ill filbit bibli ibbi
2. Principal Place of Business 2. Mailing Address 3. Fel Number 4. FEl Number 59-2982687 Suite, Apt #, etc. 5. Certificate of Status Desired 59-2982687 Suite, Apt #, etc. 5. Certificate of Status Desired 58.75 Additions Fee Required City & State City & State 3. Election Campaign Financing Trust Fund Contribution Added to Fees Trust Fund Contribution Added to Fees Address of Current Registered Agent DEVITO, NICHOLAS 5208 GEORGE RD SUITE 1002 TAMPA FL 33625 Bat 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 register office or registered agent, or both, in the State of I korida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. SIGNATURE Suite, Apt. #, etc. 5. Certificate of Status Desired Status Desired Status Desired Agent A, FEI Number 59-2982687 Not Applied Not Applied Foe Required Status Desired Status	SUITE # 187		SUITE # 187						
28 Suite, Apt. #, etc. Suite, Apt. #, et					******		11/06/1989		
Sulte, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. 27			Fi "	F			•• • • • • • • • • • • • • • • • • • • •		Applied For Not Applicable
Trust Fund Contribution Added to Fees Zip Country Zip Country Added to Fees Zip Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent DEVITO, NICHOLAS 5208 GEORGE RD SUITE 1002 TAMPA FL 33625 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 register agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE	_		 					• -	
25 28 30 Personal Property Tax due June 30. Yes No 9. Name and Address of Current Registered Agent DEVITO, NICHOLAS 5208 GEORGE RD SUITE 1002 TAMPA FL 33825 82 Street Address (P.O. Box Number is Not Acceptable) 83 EL 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 register 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 registere agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE	City & State		├ ──	City & State			, , ,		
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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 register 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 registere agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE	5206 GEORGE RD SUITE 1002				82				
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SIGNATURE Signature, typicd or profed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE	 Pursuant to the p office or registers agent. I am famil 	provisions of Sections 607.0 ed agent, or both, in the Sta liar with, and accept the ob	0502 and 607,1508, Florida ate of Florida. Such chang iligations of, Section 607.0	a Statutes, the a je was authorize 505, Florida Sta	bove d by lutes	e-named corporation the corporation i.	ation submits this statement for the purpor's board of directors. I hereby accept the	se of chang appointme	ging its registered ant as registered
	SIGNATURE	byped or printed name of recestored	agent and tile if applicable	(NOTE Registers	d Age	ni signature required	when reinstating)	ATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12									

SIGNATURE					
	Signature, typed or printed name of registered agent and title if applicable	(NOTE F	egistered Agent signature r		
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
TITLE	• •	DELETE	1.1 TITLE	☐ Change	Addition
NAME	DEVITO, NICHOLAS	,	1.2 NAME		
STREET ADDRESS	6402 FALCON COURT	i	1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL.		1.4 CITY-ST-ZIP		
TITLE		DELETE	2 1 TITLE	☐ Change	Addition
NAME			2.2 NAME	. •	ĺ
STREET ADDRESS			2.3 STREET ADDRESS		ļ
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE	☐ Change	Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE	☐ Change	☐ Addition
NAME			4. 2 NAME		1
STREET ADDRESS			4.3 STREET ADDRESS		l
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	☐ Change	Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE	☐ Change	☐ Addition
NAME		i	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CUA 61 210			64 City of 7ib		

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 address.

SIGNATURE:

SIGNATURE:

4-6-98

(813) 242-1000