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Mar 27 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 # P32270

(1)

1. Corporation Name  
NICKLAUS PRODUCTIONS, INC.



Principal Place of Business  
11780 U.S. HWY. ONE, SUITE 400.  
NORTH PALM BEACH FL 33408

Mailing Address  
11780 U.S. HWY. ONE, SUITE 400.  
NORTH PALM BEACH FL 33408-3091

3. Date Incorporated or Qualified  
11/14/1990

3a. Date of Last Report  
02/29/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

4. FEI Number  
59-2384382

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLEMING, HAILE & SHAW, P.A.,  
11780 U.S. HWY. ONE, SUITE 300  
NORTH PALM BEACH FL 33408

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

(Note: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD  
NAME NICKLAUS, JACK W.  
STREET ADDRESS 11780 U.S. HWY. ONE #400  
CITY-STATE-ZIP N. PALM BEACH FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

TITLE D  
NAME BELLINGER, RICHARD P.  
STREET ADDRESS 11780 U.S. HWY. ONE #400  
CITY-STATE-ZIP N. PALM BEACH FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

TITLE PD  
NAME BOWDEN, KEN  
STREET ADDRESS 58 HERMIT LANE  
CITY-STATE-ZIP WESTPORT CT

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

TITLE VPD  
NAME SHERMAN, DAVID G.  
STREET ADDRESS 11780 U.S. HWY. ONE #400  
CITY-STATE-ZIP N. PALM BEACH FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

TITLE VAS  
NAME BATES, JACK P.  
STREET ADDRESS 11780 U.S. HIGHWAY ONE, SUITE 400  
CITY-STATE-ZIP NORTH PALM BEACH FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE T  
NAME REYNOLDS, JACK  
STREET ADDRESS 11780 U.S. HIGHWAY ONE, SUITE 400  
CITY-STATE-ZIP NORTH PALM BEACH FL

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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

JACK P. BATES

3/1/97

(561)626-3900

CR2E034 (9/96)