

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P32270**

1. Corporation Name

**NICKLAUS PRODUCTIONS, INC.**

Principal Place of Business **300**  
11780 U.S. HWY. ONE, SUITE ~~400~~  
NORTH PALM BEACH FL 33408

Mailing Address **300**  
11780 U.S. HWY. ONE, SUITE ~~400~~  
NORTH PALM BEACH FL 33408

**FILED**  
**Jul 26, 1999 8:00 am**  
**Secretary of State**

07-26-1999 90017 050 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/14/1990**

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 owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name **FHS Corporate Services, Inc.**

82 Street Address (P.O. Box Number is Not Acceptable)

**11780 U.S. Highway One**

83 **Suite 300**

84 City **North Palm Beach**

**FL**

85 Zip Code **33408**

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

**Oren S. Tasini, IV's Secretary**

**7-21-99**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE **AS** ☐ Change ☒ Addition  
1.2 NAME **WORMAN, PAT**  
1.3 STREET ADDRESS **11780 U.S. Highway One #400**  
1.4 CITY-ST-ZIP **North Palm Beach, FL 33408**

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

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **PD** ☐ DELETE  
NAME **BOWDEN, KEN**  
STREET ADDRESS **56 HERMIT LANE**  
CITY-ST-ZIP **WESTPORT CT**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **VPS** ☐ DELETE  
NAME **BATES, JACK P.**  
STREET ADDRESS **11780 U.S. HIGHWAY ONE, SUITE 400**  
CITY-ST-ZIP **NORTH PALM BEACH FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE  
NAME **JACOBSON, RON**  
STREET ADDRESS **11780 U.S. HIGHWAY ONE, SUITE 400**  
CITY-ST-ZIP **NORTH PALM BEACH FL**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 in an attachment with an address.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Ron Jacobson, Treasurer**

Date

Daytime Phone #

**7-21-99**

(Sb) 627-8100

CR2E034 (5/99)