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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 02 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300001757 (2)

GINA NICOLE CORPORATION

Principal Place of Business Mailing Address					1 (421)521 (15 19(45)(1) 421(1 521(1 521) 521(1 5219) (101)600) 411(1 (55) 162)		
9 MARKET PLACE UNIT B PALM COAST FL 32197		3 MARKET PLACE					
		UNIT B PALM COAST FL 32137-519	nα				
LUCIM AAVOL L	C 32137	THEM CONSTITE DETOTOR	OZ.		3. Date Incorporated or Qualified	3a. Date of Last Report	
					01/06/1993	03/29/1996	
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For	
21		26		29-3163082	Not Applicable		
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
22		CSL 8 Cials			Fee Required		
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees		
Zip Country		28		Trust Fund Contribution			
24	25	29	30	,	8. This corporation has liability for Florida Statutes	Yes No	
	9, Name and Address of Current		1301		10. Name and Address of New Re		
RAN	DAZZO, JOHN		8	1 Name			
	VRKET PLACE		8	2 Stroot Add	et Address (P.O. Box Number is Not Acceptable)		
UNIT			ا ا	2 Olicol Add	areas (1.10). Box Natiribor is 140) Acceptai	Sic,	
PALI	M COAST FL 32137		8	3			
•			8	4 City		85 Zip Code	
			1	"			
11, Pursuant office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State	2 and 607.1508, Florida Statut of Florida, Such change was a	es, the abo authorized l	ive-named cor by the cornors	rporation submits this statement for the ation's board of directors. I hereby acce	purpose of changing its registered of the appointment as registered	
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Flo	orida Statut	cs.	./	1	
SIGNATURE	Signatur Typed or printed manic of registered agen	agy			\mathcal{Y}	2 <i>5/5</i> 7	
12,	Signator Hypied or printed manic of registered ager OFFICERS AND	a company of the first many care was a commence.	13.	gent signature roqu	uired wher reinstating) // ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12	
TIYLE	OPT	DELETE	1111(8	·	ABBITTONO (OTTO)	Change Addition	
NAME	RANDAZZO, JOHN		12 NAM	E		-	
STREET ADDRESS	3 MARKET PLACE, UNIT B		1 B STRE	ET ADDRESS			
CITY-ST-ZIP	PALM COAST FL		1.4 CITY	- S1 - ZIP			
TITLE	DVPS	DELETE	2.1 11111	-		Change Addition	
NAME	randazzo, pat		2.2 NAM	£		r	
STREET ADDRESS	3 MARKET PLACE, STE. B	•	2.3 STRE	E1 ADDRESS	ξą.	Me a	
CITY-ST-ZIP			2. 4 CITY	(-ST-ZIP	anning and the control of the second and the second		
TITLE		☐ DELETE	311111			L Change L Addition	
NAME			3.2 NAM	ŧ .			
STREET ADDRESS	•			ET ADDRESS			
CITY-ST-ZIP		DELETE.		(- S1-ZIP		Change Addition	
TITLE		רי אנינוג	4.1 11111			Change Li Addition	
NAME			4. 2 NAN				
STREET ADDRESS	-			ET ADDRESS			
CITY-ST-ZIP TITLE	·	DELETE	4.4 CITY 5.1 TOLE			Change Addition	
NAME		<u></u> treere	5.2 NAM			L onengs radios.	
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP	La Market Company		1	-ST-ZiP			
TITLE		DELETE	6.1 1111			Change Addition	
NAME NAME	· 8		6,2 NAM				
STREET ADDRESS	, F		6.3 STHE	ET ADDRESS			
,				i			

14. I do 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 logal effect as if made under eath; 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.