

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

FILED

Feb 28 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 # P93000007353 (4)

1. Corporation Name:  
NICKY-HART, INC.



Principal Place of Business  
1098 NW BOCA RATON BLVD.  
STE. 1  
BOCA RATON FL 33432  
US

Mailing Address  
1098 NW BOCA RATON BLVD.  
STE. 1  
BOCA RATON FL 33432-2616  
US

3. Date Incorporated or Qualified 01/25/1993  
3a. Date of Last Report 02/12/1996

4. FEI Number 65-0385436  
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

2. Principal Place of Business  
21 10258 Vestal Manor  
Suite Apt. #, etc.

2a. Mailing Address  
26 10258 Vestal Manor  
Suite Apt. #, etc.

22 City & State  
23 Coral Springs, FL  
Zip 33071 Country Broward

27 City & State  
28 Coral Springs, FL  
Zip 33071 Country Broward

24 33071 25 Broward

29 33071 30 Broward

9. Name and Address of Current Registered Agent

MALLINGER, MARTIN R  
4800 NORTH FEDERAL HIGHWAY  
SUITE D-207  
BOCA RATON FL 33431-5178

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
980 N. Federal Highway  
83 Suite 302  
84 City Boca Raton FL 85 Zip Code 33432

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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HEDRICK, CHRISTOPHER K	
STREET ADDRESS	1098 NW BOCA RATON BLVD., STE. 1	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	HEDRICK, JOAN L	
STREET ADDRESS	1098 NW BOCA RATON BLVD., STE. 1	
CITY-ST-ZIP	BOCA RATON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Hedrick, Joan L.
2.3 STREET ADDRESS	10258 Vestal Manor
2.4 CITY-ST-ZIP	Coral Springs, FL 33071
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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)(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 attachment with an address.

SIGNATURE: \_\_\_\_\_ Date 2/19/97 (84) 3486090

CR2E034 (9/96)