

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

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PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JUL 31 AM 8:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000018645**
1. Corporation Name
NICOLE DINING CONCEPTS INC.

Principal Place of Business: **10320 N.W. 15th St. PLANTATION FL. 33322**
Mailing Address: **SAME**

2. Principal Place of Business: **10320 NW 15th St.**
2a. Mailing Address: **SAME**
22. Suite, Apt #, etc: **SAME**
23. City & State: **PLANTATION FLORIDA**
24. Zip: **33322** 25. Country: **USA**
26. Suite, Apt #, etc: **SAME**
27. City & State: **SAME**
28. Zip: **SAME** 29. Country: **SAME** 30.

3. Date Incorporated or Qualified: **3/93** 3a. Date of Last Report
4. FEI Number: **65-043550** 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
SALVATORE J. SCIACCA JR
10320 N.W. 15th St.
PLANTATION FL. 33322

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable): **000002259820--5**
83. **-08/06/97--01103--003**
******165.00 ****165.00**
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 in both of 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: **SALVATORE J. SCIACCA JR** PRES. Date: **07/29/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRESIDENT	1.2 NAME	
STREET ADDRESS	SALVATORE J. SCIACCA JR	1.3 STREET ADDRESS	
CITY - ST - ZIP	10320 NW 15th St. PLANTATION FL 33322	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 officer 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 the attachment full or address.
SIGNATURE: **SALVATORE J. SCIACCA JR** PRES. Date: **07/29/97**

CR2E034 (9/96)

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Salvatore J. Sciacca Jr.
10320 N.W. 15th Street
Plantation Florida 33322
July 29, 1997

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee Florida 32314

Re: Nicole Dining Concepts Inc. ID # 65-0435530

To whom it may concern,

Please find enclosed check for \$165.00 for filing fees. On April 15, 1996 I had sold the restaurant business to Pirouline Corp. Although I filed for a change of address (mail forwarding) I have been experiencing problems receiving my mail. I have also had problems receiving my bank statements and other pertinent mail.

A recent telephone conversation with my accountant, revealed the fact that I had not filed with your office. The fact that I am no longer in the restaurant business does not require my monthly meetings with said accountant.

I was totally unaware, but I assure you had I received this notice to file I would have immediately complied.

I do not fault your office for this mishap. But I ask humbly that you understand my current problems with my mail and consider my filing fee of \$165.00. Please be further advised that we suspect that some form of mail vandalism has occurred. Once again, thank you for your kind consideration.

Sincerely yours,
Salvatore J. Sciacca Jr.