

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra H. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

50 MAY -1 AM 8:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000031972 (1)**

1. Corporation Name

**MISS NICOLE, INC.**

DO NOT WRITE IN THIS SPACE

Previous Place of Business: **731 PINE VALE DRIVE NAPLES FL 33942**  
Mailing Address: **731 PINE VALE DRIVE NAPLES FL 33942**

3. Date incorporated or created <b>04/29/1993</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>65-0403636</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Other legal names of corporation	2a. Mailing Address
21. _____	26. _____
State, Apt. #, etc.	State, Apt. #, etc.
22. _____	27. _____
City & State	City & State
23. _____	28. _____
Zip	Country
24. _____	29. _____
25. _____	30. _____

9. Name and Address of Current Registered Agent

**BROWN, JOHNNIE K  
731 PINE VALE DRIVE  
NAPLES FL 33942**

10. Name and Address of New Registered Agent

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City  
B5 Zip Code **FL**

11. Pursuant to the provisions of Sections 607 (b)(2) and 607 (b)(3), Florida Statutes, the at over named corporation submits this statement for the purpose of changing its registered office or registered agent for the State of Florida. Each change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with and accept the obligations of Section 607 (b)(5), Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12'	
NAME <b>D BROWN, JOHNNIE K 731 PINE VALE DRIVE NAPLES FL 33942</b>	TYPE <b>D</b>	NAME <b>BROWN, JOHNNIE K</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>D BROWN, GWENDOLYN 731 PINE VALE DRIVE NAPLES FL 33942</b>	TYPE <b>D</b>	NAME <b>BROWN, GWENDOLYN</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYPE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYPE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYPE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	TYPE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYPE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is accurate, truthful and does not qualify for the exemption stated in Section 199.032, Florida Statutes. I further certify that the information supplied is not to be used for any other purpose or supplemental annual report. I have read and understand that my signature shall have the same legal effect as if made under oath. That I am currently on the staff list of the corporation or the corporation is authorized to receive the report as required by Chapter 200, Florida Statutes, and that my current signature is the same as that appearing on the application for incorporation with an address.

SIGNATURE: *Gwendolyn Brown Sec.*  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNER OF FIELD OR ORIGINATOR

5-1-95 813-455-6543