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

**PROFIT** CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

<b>DOCUMENT</b>	#			
1. Corporation Name				

P93000031972 (1)

MISS NICOLE, INC.

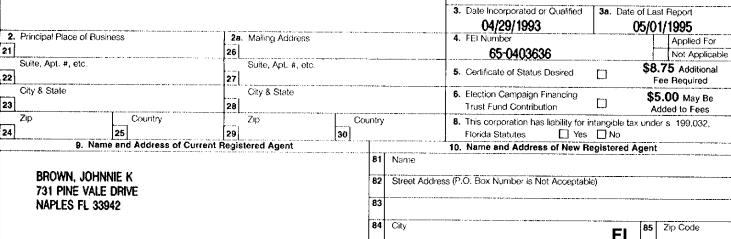
Principal Place of Business

23

Mailing Address

731 PINE VALE DRIVE NAPLES FL 33942

731 PINE VALE DRIVE NAPLES FL 33942



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 institute of registered agent; and ting 1 applicable (INC.1E: Registered Agent; signature required when reinstating)  DATE  DATE						
12.	OFFICERS AND DIRECTORS		13.	Signature required when renstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	DELETE	1. 1 TLE	☐ Change ☐ Addition		
NAME	Brown, Johnnie K		1.2 NUME			
STREET ADDRESS	731 PINE VALE DRIVE		1.3 S REET ADDRESS			
CITY-SI-ZIP	NAPLES FL 33942		1.4 C 'Y-ST-ZIP			
TITLE	D	["] DELETE	2 11 LE	Change Addition		
NAME	Brown, Gwendolyn		2.2 N ME			
STREET ADDRESS	731 PINE VALE DRIVE		2.3 SIREET ADDRESS			
CITY-ST-ZIP	NAPLES FL 33942		2 4 0 (Y-ST-ZIP			
TITLE		DELETE	3 11 ILE	Change Addition		
NAME			3 2 N; ME			
STREET ADDRESS			3.3 S REET ADDRESS			
CITY-ST-2IP			34 C Y-ST-ZIP			
TITLE		DELETE	4 1 LE	Change Addition		
NAME			4 2 M			
STREET ADDRESS			4.3.5 EET ADDRESS	•		
CITY-ST-2IP			4.4 C Y-ST-ZIP			
TITLE		☐ DELETE	5 1 KUE	Change Addition		
NAME			5.2 I AE			
STREET ADDRESS			5.3 5 EET ADDRESS	i		
CHY-ST-ZIP			5.4 ( /- S1 - ZIP			
TITLE		DELETE	6 1 E	Change Addition		
NAME			6.2 l IE			
STREET ADDRESS			63: - ET ADDRESS			
CITY-ST-ZIP			6 4 I ST - ZIP			
14. I do hereby	certify that the information supplied with the	is filing is voluntarily furnish	ned and nes not qualify for	the exemption stated in Section 110 07/2/// Florida Statutas 14 when		

certify that the information indicated on this annual report or supplemental annual report oath; that I am an officer or director of the corporation or the receivor or trustee empow appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Design of quality for the exemption stated in Section 1 19.07(3)(k), fronda Statutes. Flurither true and accurate and that my signature shall have the same legal effect as if made under 3 to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

LE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

4-30-96 941-455-6545

CR2E034 (12/95)