

**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

DOCUMENT # **P94000033647 (6)**

1. Corporation Name

**NICHOLAS GROUP ENTERPRISES, INC.**



Principal Place of Business

Mailing Address

5405 CYPRESS CENTER DRIVE  
SUITE 100  
TAMPA FL 33609-1024

5405 CYPRESS CENTER DRIVE  
SUITE 100  
TAMPA FL 33609-1024

3. Date Incorporated or Qualified  
**05/04/1994**

3a. Date of Last Report  
**05/01/1995**

21 21 Principal Place of Business  
**5405 Cypress Center Dr**

2a. 2a. Mailing Address  
**5405 Cypress Center Dr**

4. FET Number  
**59-3266711**

Applied For  
Not Applicable

22 Suite, Apt. #, etc.  
**Suite 295**

27 Suite, Apt. #, etc.  
**Suite 295**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 City & State  
**Tampa, FL**

28 City & State  
**Tampa, FL**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip  
**33609**

25 Country

29 Zip  
**33609**

30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLASKAY, NICHOLAS  
5405 CYPRESS CENTER DRIVE  
SUITE 100  
TAMPA FL 33609-1024**

81 Name  
**Flaskay, Nicholas**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**5405 Cypress Center Dr**  
83  
**Suite 295**  
84 City  
**Tampa** **FL** 85 Zip Code  
**33609**

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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FLASKAY, NICHOLAS</b>	
STREET ADDRESS	<b>5405 CYPRESS CENTER DRIVE, SUITE 100</b>	
CITY-ST-ZIP	<b>TAMPA FL 33609-1024</b>	
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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Flaskay, Nicholas</b>	
1.3 STREET ADDRESS	<b>5405 Cypress Center Dr, Ste 295</b>	
1.4 CITY-ST-ZIP	<b>Tampa, FL 33609</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

**Nicholas Flaskay** 5/3/96 (813)289-3611  
Date Daytime Phone #

CRE034 (12/95)