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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000072447** (3)

MICHAEL NICHOLAS, INC.

Principal Place of Business Mailing Address PO BOX 2155 2700 N. PENINSULA AVE **APT. 434 APT 434** DO NOT WRITE IN THIS SPACE NEW SMYRNA BEACH FL 32189 NEW SMYRNA BCH FL 32170 3. Date Incorporated or Qualified 09/29/1994 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 26 59-3288622 Not Applicable 21 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Žip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Yes 25 Personal Property Tax due June 30. 24 30 29 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent Name KOSMAS, JAMES 111 LIVE OAK STREET Street Address (P.O. Box Number is Not Acceptable) 82 **NEW SMYRNA BEACH FL 32168** 83 64 City 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, 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 togistered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change ☐ Addition TITLE 1.1 TITLE KOSMAS, MICHAEL N NAME 1.2 NAME 2700 NORTH PENINSULA AVENUE STREET ADDRESS 1.3 STREET ADDRESS NEW SMYRNA BEACH FL 32169 CITY-ST-ZIP 1.4 City-St-ZiP TITLE DELETE 21 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-2IP 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TIFLE 61 TITLE NAME 6.2 NAME

14. I horeby 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 eath; 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.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SWA STURE AND TYPED OR PRINCE NAME OF BROWNG OFFICER OR DIRECTOR

4/10/98

FILED

Apr 24 1998 8:00am

Secretary of State

R2E034 (10/97)