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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000086540 (9)

SUSIE NICHOLAS, P.A.

Principal Place of Business	Mailing Address	
4510 \$ FLORIDA AVE LAKELAND FL 33813	4510 S FLORIDA AVE LAKELAND FL 33813-2100	

## **FILED** May 16 1997 8:00am Secretary of State



4510 S FLORIDA AVE			
<b>1</b>			
3. Date Incorporated or Qualified 3a. Date of 11/18/1994 07/19/1			
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For		
21 26 59-3284977	Not Applicable		
Suite, Apt. #, etc.   Suite, Apt. #, etc.   5 Certificate of Status Desired   \$	.75 Additional see Required		
City & State City & State 6 Flection Campaign Financing 6	5.00 May Bo		
23 Trust Fund Contribution	dded to Fees		
Zip Country Zip Country 8. This corporation has liability for intendible tax u	nder s. 199.032,		
24 25 29 30 Florida Statutes X Yes No			
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent			
NICHOLAS, SUSIE 81 Name			
1626 SIMS PLACE 82 Street Address (P.O. Box Number is Not Acceptable)			
LAKELAND FL 33803	raioss (1. C. Dox Hamber is 110; Acceptable)		
83			
84 City 90-8 85	Zip Code		
	l '		
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 char 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 of the purpose of the purpo	ging its registered		
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	ent as registered		
SIGNATURE	1		
Signature, typed or printed name of registered agent and tille if applicable. (NOTE : fregistered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	·····		
	hange 🔲 Addition 🚦		
NAME NICHOLAS, SUSIE 1.2 NAME	į,		
STREET ADDRESS 1626 SIMS PLACE 1.3 STREET ADDRESS	ļį		
CITY-ST-ZIP LAKELAND FL 33803 1.4 CITY-ST-ZIP			
	Change Addition		
NAME 2.2 NAML			
STREET ADDRESS 2.3 STHELT ADDRESS			
CITY-ST-ZIP 2.4 CITY-S1-ZIP			
	hange [_] Addition		
NAME 3.2 NAME			
STREET ADDRESS 3.3 STREET ADDRESS			
CITY-ST-ZIP 34. CITY-ST-ZIP			
_	hange		
NAME 4.2 NAME			
STREET ADDRESS 4.3 STREET ADDRESS			
CITY-ST-ZIP 44 CITY-ST-7IP			
TITLE DELETE 51 TITLE C	hange 🔲 Addition		
NAME 52 NAME			
STREET ADDRESS 5.3 STREET ADDRESS			
TO STREET MUDICIOS			
CITY-ST-ZIP 54 CITY-ST-ZIP			
CITY-ST-ZIP	hange		
CITY-ST-ZIP 54 CITY-ST-ZIP	hange Addition		
CRY-ST-ZIP	hange Addition		

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 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.

941 665 0335