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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

-1996 1997

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #795000022388 1. Corporation Name CHRISTY NICOLE, INC. 97 HAY IL AM 9: 57 SECRETARY OF STATE TALLAHASSEE, FLOADA

CHRISTY NICOLL, INC.			SECRETARY OF STATE
Principal Place of Business 18233 CUTLASS DR FT. MYERS BEACH, FL.3	Mailing Address 18233 3931 FT. Myea	CUTLASS OF ESBEACH FL 33	o
		<u> </u>	03/15/195 08/08/1996
Principal Place of Business 21	2a- Mailing Address	;	4. FEI Number 4. FEI Number 57-1956 Not Applied For Not Applied For
Suite Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	City & State	***************************************	6. Election Campaign Financing \$5.00 May Be
23	28	·	Trust Fund Contribution Added to Fees
Z _(p) Country 25	Zip 29	Country 30	8. This corporation has liability to intangible tax under s 199.032, Florida Statutes No
9. Name and Address of Curre			10. Name and Address of New Registered Agent
BALdi, Robert		81 Name	
DALOI , NOOCI I	•	82 Street	Address (P.O. Box Number is Not Acceptable)
18233 CUTLASS DR	22421	83	
FT. Myers Beach, FL	., 33931	<u> </u>	
,		84 City	FL 85 Zip Code
or registered agent, or both, in the State of Flo familiar with, and accept the obligations of, Sei SIGNATURE	rida. Such change was authorized ction 607.0505, Florida Statutes.	by the corporation's	rporation submits this statement for the purpose of changing its registered office board of directors. I hereby accept the appointment as registered agent. I am
Signature, typed or printed reme of registered ege 12. OFFICERS A	nn and the if applicable. (NOTE: ND DIRECTORS	Registered Agent signature r	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
D BALDI Rober	T DELETE	1. 1 TITLE	Change Addition
NAME 18233 CUTI		1.2 NAME	
STREET AUGUSTSS 1		1.3 STREET ADDRESS	
CITY-ST-ZIP FT. MYERS BEACH		1.4 CITY-ST-ZIP	Cl Change Cl Addition
	DEFFELE	2.1 TITLE 2.2 NAME	000002189第20 ¹ Addiiの7 -05/19701130006
STREET ADDRESS		2.3 STREET ADDRESS	-US/19/9/U113UU06
CITY - STZIP		2.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	☐ DELETE	3. 1 TITLE	Change Addition
NAME		32 NAME	
STREET ADORESS		3.3. STREET ADDRESS	
CITY-ST-ZIP	□ DELETE	3.4 CITY-ST-ZIP	☐ Change ☐ Addition
T-Tigg Navige	m vereit	4. 1 TITLE 4.2 NAME	Citaling Ci vanimon
STATET ACHURESS		4.3 STREET ADDRESS	
City S1-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5. 1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	-
City-St-ZiP		5.4 CITY - ST - ZIP	A) 1(0)
TITLE .	DELETE.	6.1 TITLE	Addition
NAME		62 NAME	71 1/16
STREET ADDRESS		63 STREET ADDRESS	
City St 7/P	d with this filling is well-stack. A second	6.4 CITY - ST - ZIP	like for the exemption stated in Postion 140 O'Towl A. Clarke Charles
certify that the information indicated on this an	a witti triis illing is voluntarily turnisi nual report or supplemental annua	neo and does not qual al report is true and ac	alify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further ocurate and that my signature shall have the same legal effect as if made under

I. I do horeby 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 an attachment with an address.

SIGNATURE:

MONATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

5/1/97

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