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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 19, 1999 8:00 am Secretary of State 02-19-1999 90064 044 ***150.00

DOCUN 1. Corporation	MEN! # P9500 0	0046085				
	Y BUT NICE, TOO, INC.					
Principal Place	of Business	Mailing Address		I iffalt fil iff iffal filti fetti fatti anti anti oni	11 21812 Still Sdiet is	181 6111 1881
766 NORTH LAKE BLVD NORTH PALM BEACH FL 33408 766 NORTH PALM BEACH FL 33408		08	DO NOT WRITE IN TH	IIS SPACE		
US		03		Date Incorporated or Qualifed 06/09/1995		
2. Principal Pt	ace of Business	2a. Mailing Address		4, FEI Number	<u> </u>	lied For
21		26		65-0588527		Applicable
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Ac Fee Req	
City & State	3	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 N Added to	•
Zip	Country 25	Zip 29 3	Country	This corporation owes the current year Personal Property Tax.	Intangible	□No
24	9. Name and Address of Curre	11	<u>- </u>	10. Name and Address of New Registere	d Agent	
	3. Harrie and rice. see S. Santa		81 Name	•		ļ
WOODHAM, ROBERT			82 Street Add	ress (P.O. Box Number is Not Acceptable)		
	North Lake BLVD ILM BCH FL 33408		83		<u> </u>	
			84 City	F	85 Zip Ci	ode
	(D - 4 CO7 O	500 and 507 1509 Florida Statutes	the above-named cor	poration submits this statement for the purpose	of changing its r	egistered
office or re agent. I a	egistered agent, or both, in the Statem familiar with, and accept the oblig			ion's board of directors. I hereby accept the app	ointment as reg	istered
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE: R	Registered Agent signature requir			
12.	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR Change	RS IN 12 Addition
TITLE	D	☐ DELETE	1.1 TITLE		☐ Citatige	
NAME	woodham, robert		1.2 NAME			
STREET ADDRESS	766 NORTH LAKE BLVD		1.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE PARK FL 33403		1.4 CITY-ST-ZIP		Change	Addition
TITLE	S	☐ DELETE	2.1 TITLE		□ Citalige	
NAME	ROBERTO, LINDA		2.2 NAME			
STREET ADDRESS	766 NORTH LAKE BLVD		2.3 STREET ADDRESS			
CITY-ST-ZIP	N PALM BCH FL 33408		2.4 CITY-ST-ZIP		Change	Addition
TITLE		☐ DELETE	3.1 TITLE		ــــــ	—
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS	•		
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		☐ Change	Addition
TITLE						
NAME			4. 2 NAME 4.3 STREET ADDRESS			
STREET ADDRESS						
CITY-ST-ZIP		☐ DELETE	4.4 CfTY-ST-ZIP 5.1 TITLE		☐ Change	Addition
TITLE			5.2 NAME			
NAME			5.3 STREET ADDRESS			
STREET ADDRESS			5.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE		Change	☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
31KEE1 ALJUKESS	1		0.4 OFF. OT 710			

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

CR2E034 (11/98)