

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000048749 (2)

1. Corporation Name

NICCOLI'S SUBS #1, INC.



Principal Place of Business

Mailing Address

**12639 LAKE RIDGE CIRCLE
 CLERMONT FL 34711**

**12639 LAKE RIDGE CIRCLE
 CLERMONT FL 34711**

3. Date Incorporated or Qualified
06/30/1995

3a. Date of Last Report
n/a

2. Principal Place of Business

2a. Mailing Address

21 **6602 Old Wintergarden Rd**

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 **Orlando, FL**

28 City & State

24 Zip **32835**

25 Country **USA**

29 Zip

30 Country

4. FEI Number

59-3320542

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

**KANE, STEVEN H
 1900 SUMMIT TOWER BLVD.
 SUITE 800
 ORLANDO FL 32810**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 type for printed name of registered agent and for not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11 TITLE
 12 NAME
 13 STREET ADDRESS
 14 CITY-ST-ZIP

**P/D
 Christian A. Niccoli
 12639 Lake Ridge Circle
 Clermont, FL 34711**

Change Addition

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

21 TITLE
 22 NAME
 23 STREET ADDRESS
 24 CITY-ST-ZIP

**S/D
 Dennis A. Niccoli
 392 W. Minnehaha
 Clermont, FL 34711**

Change Addition

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

31 TITLE
 32 NAME
 33 STREET ADDRESS
 34 CITY-ST-ZIP

**D
 Jeanne M. Niccoli
 392 W. Minnehaha
 Clermont, FL 34711**

Change Addition

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

41 TITLE
 42 NAME
 43 STREET ADDRESS
 44 CITY-ST-ZIP

Change Addition

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

51 TITLE
 52 NAME
 53 STREET ADDRESS
 54 CITY-ST-ZIP

Change Addition

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

61 TITLE
 62 NAME
 63 STREET ADDRESS
 64 CITY-ST-ZIP

Change Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/96

(407)656-1501

CR2E034 (3/96)