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FILED
May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
6602 OLD WINTER GARDEN ROAD
ORLANDO FL 32835
US

Mailing Address
12639 LAKE RIDGE CIRCLE
CLERMONT FL 34711



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/30/1995

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME NICCOLI, CHRISTIAN A.
STREET ADDRESS 12639 LAKE RIDGE CIRCLE
CITY-ST-ZIP CLERMONT FL

TITLE SD
NAME NICCOLI, DENNIS A
STREET ADDRESS 392 W. MINNEHAHA
CITY-ST-ZIP CLERMONT FL

TITLE D
NAME NICCOLI, JEANNE M.
STREET ADDRESS 392 W. MINNEHAHA
CITY-ST-ZIP CLERMONT FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP CLERMONT, FL 34711

2.1 TITLE V/D
2.2 NAME
2.3 STREET ADDRESS 590 EAST LAKESHORE DRIVE
2.4 CITY-ST-ZIP CLERMONT, FL 34711

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 590 EAST LAKESHORE DRIVE
3.4 CITY-ST-ZIP CLERMONT, FL 34711

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE:

4/24/98

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CR2E034 (10/97)