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Secretary of State

03-01-1999 90200 046 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000048749

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 the current year Intangible Personal Property Tax: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Orlando, FL 24 Zip: 32835 25 Country: US

2a. Mailing Address: 26 6602 Old Wintergarden Road 27 Suite, Apt. #, etc. 28 Orlando, FL 29 Zip: 32835 30 Country: USA

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: NICCOLI, CHRISTIAN A.	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 12639 LAKE RIDGE CIRCLE	CITY-ST-ZIP: CLERMONT FL 34711	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE: VD	NAME: NICCOLI, DENNIS A.	2.1 TITLE: PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 590 E LAKESHORE DR	CITY-ST-ZIP: CLERMONT FL 34711	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE: D	NAME: NICCOLI, JEANNE M.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 590 E LAKESHORE DR	CITY-ST-ZIP: CLERMONT FL 34711	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE:	NAME:	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE:	NAME:	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE:	NAME:	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	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, with all other like empowered.

SIGNATURE _____ DATE: 2/3/99 352422328
Signature and typed or printed name of signing officer or director

CR2E034 (11/98)