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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

P95000061357 (6) DOCUMENT #

1. Corporation Name NICE TO KNOW YOU, INC. Principal Place of Business 501 E. KENNEDY BLVD. SUITE 1700 TAMPA FL 33602 Mailing Address 501 E. KENNEDY BLVD. SUITE 1700 TAMPA FL 33602					Date tricomorated or Qualified 3a. Date of Last Report			
					08/08/1995	_L	★ App	End For
2. Principal Place	e of Business	2a. Maling Addr	ess		4. FEI Number - applied (01)	4		Applicable
1]		26			· · · · · · · · · · · · · · · · · · ·	\$1	8.75 A	
Suite, Apt. #,	etc.	Suite, Apt #	, etc.		5. Certificate of Status Desired		Fee Req	uired
22		City & State			6. Election Campaign Financing		5.00 N	
City & State		28		•	Trust Fund Contribution		Added to	
23	Country	Zip	_ C	ountry	8. This corporation has liability for	intangible tax un ে হোমত	ders 19	9.032,
Zip 24	25	29	30		Florida Statutes Yes 10. Name and Address of New	S No Registered Age	nt .	
9. Name and Address of Current Registered Agent					10. Name and Address of New	negistered Ago		
				81 Name				
JACOBSO	n, richard a			82 Street Addr	ess (P.O. Box Number is Not Accepta	ble)		
	NNEDY BLVD.			83				
SUITE 1700				83				
TAMPA FL 33602				84 City		FL ^{∤8}	5 Zip C	Code
SIGNATURE	Signature Typed or ported name of registered of OFFICERS	AND DIRECTORS		isred Agent signature recurre	d when reinstaling: ADDITIONS/CHANGES TO OF		RECTOR!	S IN 12
TITLE	D	וס []		i 1 Tifle				
NAME	EVANS, TERENCE G		1	I.2 NAME				
STREET ADDRESS	501 E. KENNEDY BLVD., S	SUITE 1700	II.	13 STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33602			1.4 CHY - ST - ZIP 2. 1 TITLE			Change	Addition
TITUE		∐ <i>u</i>		2 2 NAME				
NAME				2.3.STREET ADDRESS				
CIRCLI ADDRESS				2 4 CHY - SI - ZIF				F3 4 45
CITY - ST - ZIP		<u></u>		3 1 TITLE			Change	Addition
TITLE		- 1		3 2 NAME				
NAME			1	3.3 STREET ADDRESS				
STREET ADDRESS				3.4 CITY - S1 - ZIP			Change	Addition
CITY-ST-ZIP			DELETE .	4 1 TITLE		L	Citalige	L) Addition
NAME			L	4.2 NAME				
STREET ADDRESS				4.3 STREET ADDRESS				
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NAME			Ì	5.2 NAME	-U4/29/96t	101805	IJ	
STREET ADDRESS				5.3 STREET ADDRESS	***200.00			0
CITY-ST-ZIP			INCLESS.	54 CITY - ST - ZIP			Change	Addition
TITLE		LJ	DELETE	6 1 THLE 62 NAME				Addition
NAME				6.2 NAVIL 6.3 STREET ADDRESS				7.7.
STREET ADDRESS				6 4 City - St - 70f			<u></u> .	
	1			[6 4 OH F 34 - 20]		110 07(3)(k) Flori	do Cratur	ac Lfurther

14. Ob 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 arrival report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this arrival report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cepul 4 1996 519-331-0614