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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000061368 (3)

OLD ST. NICK, INC.

FILED Mar 25 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				- I NORINDAY NIO HANDI DIYAT OBAHA BOESA DOSAK	OBING ENLOT KIEGO EKING DINGK IDNI 1881	
9130-D VINELAND COURT 9130-D VINELAND COUR BOCA RATON FL 33496 BOCA RATON FL 33496					DO NOT WRITE IN	N THIS SPACE
					 Date Incorporated or Qualified 08/08/1995 	:
2. Principal Place of Business 2a. Mailing Address			3		4. FEI Number	Applied For
21	4	26			65-0599664	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc 27		C.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State City &		City & State	& State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip			Coun	Country 8. This corporation owes or has paid the current year Intangible		
24	25	29	30		Personal Property Tax due June 30	
g, Name and Address of Current Registered Agent					10. Name and Address of New Regis	stered Agent
BUSCEMI, NICHOLAS III				Name		
9130-D VINELAND COURT			1	2 Street Add	ress (P.O. Box Number is Not Acceptable)
BO	CA RATON FL 33496			13		
				14 City		85 Zip Code
	****		1			FL `
	o the provisions of Sections 607.05 egistered agent, or both, in the Stat in familiar with, and accept the obli				poration submits this statement for the pur tion's board of directors. I hereby accept t	pose of changing its registered he appointment as registered
SIGNATURE						
12.	Signature, typicd or printed name of registered as OFFICERS AT	gent and title if applicable. ND DIRECTORS	(NOTE: Registered /	Agont signature requi		DATE
TITLE	P	DELET		: [ADDITIONS/CHANGES TO OFFICER	Change Addition
NAME	NICHOLAS BUSCEMI III		1.2 NAM			C change C Addition
STREET ADDRESS	9130-D VINELAND COURT			ET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL			-ST-ZIP		ļ!
TITLE						Change Addition
NAME			2.2 NAM	E		
STREET ADDRESS			2.3 STRE	ET ADDRESS		
CITY-ST-ZIP				-ST-ZIP	**	۸.
TITLE		☐ DELETI	3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAM	ŀ		
STREET ADDRESS				et address		
CITY-ST-ZIP TITLE		DELETE		-ST-ZIP		Change
NAME			4.1 HILE			☐ Change ☐ Addition
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			4.4 CITY	1		
TITLE		DELETE				Change Addition
NAME			5.2 NAM	1		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			5.4 CITY			İ
TITLE		DELETE				Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STRE	ET ADDRESS		
CITY-ST-ZIP			6.4 CITY	1		

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.