

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

**FILED**  
**Jun 17 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000036518 (4)**  
 1. Corporation Name  
**NICOLE DEVELOPMENT CORP.**



Principal Place of Business <b>877 EXECUTIVE CENTER DRIVE WEST                  GLADES BLDG. SUITE 303                  ST PETERSBURG FL 33702</b>	Mailing Address <b>877 EXECUTIVE CENTER DRIVE WEST                  GLADES BLDG. SUITE 303                  ST PETERSBURG FL 33702-2460</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/26/1996</b>	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired		<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Country	29 Zip		30 Country	
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**9. Name and Address of Current Registered Agent**

~~OHIOOS, JOHN D-~~  
~~877 EXECUTIVE CENTER DRIVE WEST~~  
~~GLADES BLDG. SUITE 303~~  
~~ST PETERSBURG FL 33702.~~

**10. Name and Address of New Registered Agent**

81 Name  
**Ernest L. Mascara, Esq.**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**877 Executive Center Dr. W., Suite 303**  
 83  
 84 City  
**St. Petersburg, Florida FL** 85 Zip Code  
**33702**

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 *Ernest L. Mascara* DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	<del>VD-</del>	<input checked="" type="checkbox"/> DELETE
NAME	<del>MASCARA, ERNEST L.</del>	
STREET ADDRESS	<del>877 EXECUTIVE CENTER DRIVE WEST, SUITE 303</del>	
CITY-ST-ZIP	<del>ST PETERSBURG FL 33702</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	DPVST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Stephen D. Hove	
1.3 STREET ADDRESS	101 Phillippe Parkway, Suite 305	
1.4 CITY-ST-ZIP	Safety Harbor, Florida 34695	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 \*\*\*1485.00

14. I do 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: *Ernest L. Mascara* DATE: 4/17/97 817-586-5913

CR2E034 (9/96)