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FILED
Jun 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000036518 (4)

1. Corporation Name

NICOLE DEVELOPMENT CORP.



Principal Place of Business

Mailing Address

877 EXECUTIVE CENTER DRIVE WEST
GLADES BLDG. SUITE 303
ST PETERSBURG FL 33702

877 EXECUTIVE CENTER DRIVE WEST
GLADES BLDG. SUITE 303
ST PETERSBURG FL 33702-2460

3. Date Incorporated or Qualified

04/26/1996

3a. Date of Last Report

4. FEI Number

☒ Applied For
☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

011000, JOHN D-
877 EXECUTIVE CENTER DRIVE WEST
GLADES BLDG. SUITE 303
ST PETERSBURG FL 33702

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

[Signature]

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME ~~YB- MASCARA, ERNEST L.~~
STREET ADDRESS ~~877 EXECUTIVE CENTER DRIVE WEST, SUITE 303~~
CITY - ST - ZIP ~~ST PETERSBURG FL 33702~~

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPVST ☐ Change ☒ 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 ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

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

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

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

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

[Signature]

4/17/97 817-586-5913

CR2E034 (9/96)