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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000048259 (1)

NICADOO CORPORATION

Principal Place of Business

Mailing Address

440 ROYAL PALM WAY. SUITE 200 PALM BEACH FL 33480 440 ROYAL PALM WAY. SUITE 200 PALM BEACH FL 33480-4179

FILED Apr 29 1997 8:00am Secretary of State



| | | | | | | | 3. Date incorporated or Qu 06/03/1996 | ualified | 3a. Date of | Last Re | port | |
|---|--|---|---------------------|------------------------|---|--|--|------------|-----------------|-----------------------------------|------------------------------|--|
| 2. Principal P | lace of Busine | ess | 2a. N | failing Address | ···· | T-1-1- | 4. FEI Number | | ··· | Y An | plied For | |
| 21 | | | 26 | ├ ¬ | | | | | | | t Applicable | |
| Suite, Apl | #. etc. | | | uite, Apt. #, etc. | | | | | \$ | <u> </u> | · | |
| 22 | | | 27 | 27 | | | 5. Certificate of Status Des | | | \$8.75 Additional Fee Required | | |
| City & Stal- | 0 | | C | ity & State | | | 6. Election Campaign Final | - | | | Мау Ве | |
| 23 | | | 28 | | | | Trust Fund Contribution | | <u> </u> | Added to | o Fees | |
| <i>Z</i> :p | | Country | | ,ib | Country | 1 | 8. This corporation has liab | | | | 199.032, | |
| 24 | The state of the s | 5 | 29 | ···· | 30 | | Florida Statutes | | Yes No | | | |
| | | ind Address of Curr | ent Register | red Agent | | · | 10. Name and Address of | New Regi | stered Agen | <u></u> | | |
| CHO | opin, L. Fr <i>i</i> | NK ESQUIRE | | | 81 | Name | , | | | | | |
| CHO | OPIN, MILLE | R & YUDENFREUN | ND O | | 82 | Street Add | dress (P.O. Box Number is Not A | Acceptable | 1) | | | |
| 440 | ROYAL PAL | M WAY, SUITE 20 |)0 | | | 0 | (, , , , , , , , , , , , , , , , , , , | | , | | | |
| | M BEACH F | | | | 83 | | | | | | | |
| | | | | | | 0. | | | | 7 | | |
| | | | | | 84 | City | | | FL 85 | Zip (| ode | |
| 11. Pursuant | to the provise | ins of Sections 607.0 | 502 and 607 | 1508, Florida Statut | tes, the above | e-named cor | rporation submits this statement | for the pu | rpose of char | nging its | registered | |
| agent. La | m familiar with | i, and accept the obl | ligations of, S | Section 607.0505, FI | orida Statute | 5. | ation's board of directors. I herel | by docupi | the appointment | iom ao | ogiotoroo | |
| SIGNATURE | | | | | | | | | | | | |
| SIGNATORE | Signaturi typodic | printed name of requisioned | agent and titu if a | ipplicable. (NO) | E: Registered Ag | ent signature requ | uired when reinstating) | J | DATE | | | |
| 12. | | OFFICERS A | AND DIRECT | ORS | 13. | | ADDITIONS/CHANGES T | O OFFICE | RS AND DIR | ECTOR: | 3 IN 12 | |
| | P/D | | | ☐ DELETE | 1.1 TITLE | | | | 1 1 | Change | Addition | |
| TILE | F/D | | | L.J DELLEIL | 3.1 HILE | | | | السا | | | |
| TULE NAME | | . Nicki | | [] Dirrir | 1.2 NAME | | | | السبا | | | |
| NAME | Harris | , Nicki | | [] Deceir | 1.2 NAME | r adoress | | | السيا | | | |
| NAME STREET ADDRESS | Harris 180 Ra | st Pearson | | LJ DELLIE | 1.2 NAME 1.3 STREE | I ADORESS | | | ا ليبا | | | |
| NAME STREET ADDRESS CITY+ST+ZIE | Harris 180 Es Chicas | • | 5 | DELETE | 1.2 NAME | 1 | | | | Change | Addition | |
| NAME STREET ADDRESS CITY-ST-7/E | Harrie 180 Ea Chicac S/T/D | st Pearson o, IL 61616 | 5 | | 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE | 1 | | | | | Addition | |
| NAME STREET AODRESS CITY-ST-7/P TITLE NAME | Harris 180 Es Chicac S/T/D Harris | st Pearson o, IL 61616 , J. Ira | | | 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME | ST-ZIP | 17-18-18-18-18-18-18-18-18-18-18-18-18-18- | | | | Addition | |
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