


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

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90164 006 \*\*\*150.00



<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P96000069023</b>					
1. Corporation Name <b>NICKI'S DANCE FACTORY, INC.</b>					
Principal Place of Business <b>1411 KASS CIRCLE SPRING HILL FL 34606</b>			Mailing Address <b>2334 RESTMERE LANE SPRING HILL FL 34609 US</b>		
DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified <b>08/19/1996</b>					
2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-3394715</b> 59-3501348	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		Applied For 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 Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24		29		30	
9. Name and Address of Current Registered Agent <b>GOMEZ, NICOLE 2334 RESTMERE LN SPRING HILL FL 34609</b>			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City <b>FL</b> 85 Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>GOMEZ, NICOLE</b>			1.2 NAME		
STREET ADDRESS <b>2334 RESTMERE LANE</b>			1.3 STREET ADDRESS		
CITY-ST-ZIP <b>SPRING HILL FL</b>			1.4 CITY-ST-ZIP		
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			2.2 NAME		
2.2 NAME			2.3 STREET ADDRESS		
2.3 STREET ADDRESS			2.4 CITY-ST-ZIP		
2.4 CITY-ST-ZIP			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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3.2 NAME			3.3 STREET ADDRESS		
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6.2 NAME			6.3 STREET ADDRESS		
6.3 STREET ADDRESS			6.4 CITY-ST-ZIP		
6.4 CITY-ST-ZIP					

SIGNATURE: *Nicole Gomez* **NICOLE GOMEZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/99

Date Daytime Phone #

CR2E034 (1/1/98)