

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90109 033 ***150.00

0499379

DOCUMENT # P96000075097

1. Corporation Name
NICOLE'S GIFTS INC.

Principal Place of Business

1709 MAIN ST
STE 15
DUNEDIN FL 34698
US

Mailing Address

1709 MAIN ST
STE 15
DUNEDIN FL 34698
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1996

4. FEI Number

59-3398986

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 1556 Patricia Ave

2a. Mailing Address

26 Same as 2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Dunedin, FL

City & State

28

Zip

24 34698

Country

25 USA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

SHRODE, R L
1709 MAIN ST
STE 15
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

81 Name

Michael E. Rodriguez

82 Street Address (P.O. Box Number is Not Acceptable)

83 5108 West Hanna Ave

84 City Tampa

FL

85 Zip Code

33634

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

Michael E. Rodriguez April 20, 1999

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SHRODE, R L
1709 MAIN ST, STE 15
DUNEDIN FL 34698

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

DELETE

13.

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
P/O
Michael E. Rodriguez
1556 Patricia Ave
Dunedin, FL 34698

Change

Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Change Addition

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

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

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

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

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, with all other like empowered.

SIGNATURE:

Michael E. Rodriguez April 20, 1999 (213) 886-9722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)