

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT #P96000082999

1. Corporation Name

NICO Development, Inc.

Principal Place of Business

Mailing Address

1040 Bayview Drive  
Ft. Lauderdale, FL 33304

3. Date Incorporated or Qualified  
10/03/96

3a. Date of Last Report  
N/A

4. FEI Number  
65-0733164

Applied For  
Not Applicable

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

2. Principal Place of Business

2a. Mailing Address

21 33 NE 2nd Street

26 33 NE 2nd Street

22 Suite 210

27 Suite 210

City & State

City & State

23 Ft. Lauderdale, FL

28 Ft. Lauderdale, FL

24 Zip 33301

25 Country Broward

29 Zip 33301

30 Country Broward

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

James M. Beeson, Jr.  
33 NE 2nd Street, Suite 210  
Ft. Lauderdale, FL 33301

81 Name

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

83

84 City

FL

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D,P,S,T  
NAME James M. Beeson, Jr.  
STREET ADDRESS 33 NE 2nd Street, Suite 210  
CITY-ST-ZIP Ft. Lauderdale, FL 33301

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

☐ Change ☐ Addition

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/97

Date

Daytime Phone #

FILED  
97 JUN 23 AM 8:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E034 (9/96)