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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000067586 (2) DOCUMENT #

PAOLO & NICOLA, INC.

Principal Place of Business

19051 SAN CARLOS BLVD. 12900 UNIVERSITY DR., #650 FT. MYERS BEACH FL 33931 FT. MYERS FL 33907 DO NOT WRITE IN THIS SPACE 3 Date Incorporated or Qualified 08/05/1997 Principal Place of Business 2a. Mailing Address Applied For 2. 65-077389 21 26 Not Applicable Suite, Apt, #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30, □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SMITH, WILLIAM R 8191 COLLEGE PKY., STE. 300 Street Address (P.O. Box Number is Not Acceptable) 82 FT. MYERS FL 33919 83 Zip Code 84 City 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 little if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE 1.1 TITLE TITLE Change NAME BUSH, PAUL 1.2 NAME STREET ADDRESS 12800 UNIVERSITY DR., #650 1.3 STREET ADDRESS FT. MYERS FL 33907 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE ZUCCALA, NICK NAME 2.2 NAME STREET ADDRESS 12800 UNIVERSITY DR., #650 2.3 STREET ADDRESS FT. MYERS FL 33907 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 31 TITLE T17) F 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change Addition 4.1 TITLE TITLE

6.4 CITY-ST-ZIP 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 truetee 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, of on an attachment with an address:

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

SIGNATURE: _

NAME

TITLE NAME

TITLE

NAME

STREET ADORESS

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY - ST- ZIP

1.14,98

Change

Change

Addition

Addition

FILED

Jan 30 1998 8:00am

Secretary of State