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

PROFIT CORPORATION ANNUAL REPORT 1998

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 🥦

Secretary of Cale **DIVISION OF CORPORATIONS**

DOCUMENT # P97000085030 (9)

1. Corporation Name Nick & Angelo's II, Inc.

FILED
Oct 02 1998 8:00am
Secretary of State

Principal Place of Business Malling Address 4306 HAWKS NEST DR 4306 HAWI	KS NEST DR		
LUTZ FL 33549 LUTZ FL 3	33549	DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified	
		10/01/97	
	f-to-Bay Blud.	4. FEI Number	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, C, Suite, C,	DIE	5. Certificate of Status Desired 58.75 Additional Fee Required	
City & State		Election Campaign Financing Trust Fund Contribution Added to Fees	
zip Country Zip 33759 24 33759 25 Pinedlas 20 33759	Country Dine Ilas	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes X No	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
NASH, THOMAS C II	81 Name		
625 COURT STREET	<u> </u>	ess (P.O. Box Number is Not Acceptable)	
SUITE 200	83		
Clearnater FL 33756	84 City	FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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 Fiorida. 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	Alore B. Janes	nent signature required when reinstating) DATE	
Signature, typed or printed name of registered agent and title if appli	Y	pent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12. OFFICERS AND DIRECTORS	LATE TOT	RECTOR & SECRETARY IN ALL	
TITLE , DEP L DELETE NAME , WEBER, VICTORIA		La Tabeler	
STREET ADDRESS 4306 HAWKS NEST DRIVE	1.3 STREET ADDRESS 79	98 Hickory Ridge	
CITY-SI-ZIP LUTZ FL 33549		wis Center, oh. 43035	
TITLE DELETE	2.1 TITLE Poz.	esident-Tarasanen 🗌 Change 🔀 Addition	
NAME	2.2 NAME So	orge E. Gonzalez 62 Gulf to Bay Blod Suites C, D. & E	
STREET ADDRESS CITY - ST - ZIP	2.4 CITY - ST - ZIP C/e	EARWATER, Fla. 33759	
TITLE DELETE	STORE Vic	e-Pauldent Change Addition	
NAME	3.2 NAME Hay	go G. GONZALEZ 62 GUIF + Bay Blod. Suites CDIE	
STREET ADDRESS		62 Gulf to Bay Blod. Sail -	
CITY - ST - ZIP	3.4 CITY - ST - ZIP Cle	ALWATER, Fla 33759	
TITLE DELETÉ	4.1 TITLE	Change Addition	
NAME STREET ADDRESS	4.2 NAME 4.3 STREET ADDRESS	2000026564 4 2 -10/06/98010200 2 2	
CITY - ST - ZIP	4.4 CITY - ST - ZIP	***550.00	
TITLE DELETE	5.1 TITLE	STOCKT TO AND A CONTROL	
NAME	5.2 NAME	-00/1/2/1801/17201/2/2	
STREET ADDRESS	5.3 STREET ADDRESS	***************************************	
aty.st.zip	5.4 OTY - ST - ZIP	****390.00	
TITLE DELETE	6.1 TITLE	Change Addition	
NAME CTREET ADDRESS	6.2 NAME	The second secon	
STREET ADDRESS CITY - ST - ZIP	6.3 STREET ADDRESS		
14. I hereby certify that the information supplied with this filing does not qu		d in Section 119 07/3/fi) Floride Statutes 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 early; 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.

STF FL32381F.1

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

614 523-0585 28 Aug 98 Daytime Phone #