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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000088824 (2)

NIKKI MARIE, INC.

**FILED** Apr 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address												
70 COMPASS LANE 70 COMPASS LANE FT LAUDERDALE FL 33308 FT LAUDERDALE FL 33308												
								DO NOT WRITE IN THIS SPACE				
							3. Date Inco 10/14/	orporated or Qualified 1997				
2. Principal Place of Business			2a. Mailing Address					4. FEI Number			Applied For	
21			26			65	-0/848	2/		Not Applicable		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				Certificate of Status Desired Sa.75 Additional Fee Required					
City & State			City & State			6. Election Campaign Financing \$5.00 May Be						
23		2	28			Trust Fun	d Contribution		Adde	d to Fees		
Zip	Co	untry	Zip	-	untry			oration owes or has p	_	_ ′	4	
24	25		9	30	<del></del>			Property Tax due Jur			No	
		dress of Current Re	glatered Agent			Alas	10. Name ar	d Address of New F	legistered .	Agent		
	JEY, NICOLE				81	Name					1	
	COMPASS LANE		82 Street Add				ddress (P.O. Box Number is Not Acceptable)					
FT LAUDERDALE FL 33308									-			
					83						1	
					84	City		<del> </del>	FL	85 Zij	p Code	
11. Pursuant to	the provisions of S	Sections 607.0502 and	d 607.1508, Florida Statu	les, the a	DOVE	-named c	orporation submits	this statement for the	purpose of	changing	Its registered	
office or re	gistered agent, or	ooth, in the State of Fi	orida. Such change was cof, Section 607.0505, Fi	authorize	d by	the corpo	oration's board of di	rectors. I hereby acc	ept the app	ointment a	as registered	
		ncyepi trie obligation	n di, sedio 607.0505, FI	iorida Sta	ıu( <del>e</del> s	i.	215	198			1	
SIGNATURE _	Letinia to beard a surfacel	name of registered agent and	tile if applicable	If Registere	d Ana	nt signature re	equired when reinstating)	10	DATE	·		
12.	sopromer, space or product	OFFICERS AND DI		13.	Na	viginala la		! S/CHANGES TO OFF		DIRECTO	DRS IN 12	
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NAME			_	2.2 N						•	l	
STREET ADDRESS						ADDRESS					l	
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NAME			- <del>-</del>	3.2 N						_ •		
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NAME			<u> </u>	4.21								
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NAME			•	6.2 N							i	
STREET ADORESS						ADDRESS					!	
CITY+ST-ZIP				6.4 C	ITY-S	T-ZIP						

14. Thereby 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 supplied enter a supplied enter 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.

SIGNATURE: