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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000093112 (5)

NICKE BAREFOOT, P.A.

FILED Jan 27 1998 8:00am Secretary of State



								E MAIL VALIED.
Principal Place of Business Mailing Address						T I MONTANT THE TRAIN THE TRAIN BOTH BOTH BOTH BOTH	4 10196 ())01 ()01	fi ildig ligi 1881
			5147 N.W. 51ST AVENUE COCONUT CREEK FL 33073			DO NOT WRITE IN THI	S SPACE	
						3. Date incorporated or Qualified 10/29/1997		
<u> </u>	lace of Business	2a. Mailing	Address			4. FEI Number		Applied For
21		26	 			65-0798843		Not Applicable
Suite, Apt.		27	pt. #, etc.			5. Certificate of Status Desired		Additional Required
City & State		City & S 28	·	_		Election Campaign Financing Trust Fund Contribution		O May Be d to Fees
Zip	Country	Zip	ļ	Country	′	8. This corporation owes or has paid the o		
24	25 29 30 30 9. Name and Address of Current Registered Agent			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		□ No		
		r Current Hegistered Ag	jent	81	Name	10. Name and Address of New Hegisters	a Agent	
	AREFOOT, NICKE			101	Name			
	147 N.W. 51ST AVENUE			82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
C	OCONUT CREEK FL 330	73		83				
				63				
				84	City	F		p Code
office or r	to the provisions of Sections egistered agent, or both, in t m familiar with, and accept the m	he State of Florida. Such	change was autho	rized by	the corpor	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing ppointment a	its registered as registered
SIGNATURE	, <u> </u>							
12.	Signature, typed or printed name of reg	istered agent and title if applicable ERS AND DIRECTORS	<u> </u>	stered Age	ent signature req	DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIDECTO	ODC (N. 12
TITLE	TVP OFFICE			1.1 TITLE	····	ADDITIONS/CHANGES TO OFFICERS A	Change	
NAME	BAREFOOT, NICKE	'		1.2 NAME			L Ontarigo	7.000.00
STREET ADDRESS	5147 N.W. 51ST AVE	NUF	li .	1.3 STREET	ADDRESS];
CITY-ST-ZIP	COCONUT CREEK F			1.4 CITY-S				
TITLE	O O O O O O O O O O O O O O O O O O O			21 TITLE	1-511		Change	Addition
NAME			- 4	2.2 NAME			_ •	
STREET ADDRESS				2.3 STREET	ADORESS			
CITY-ST-ZIP				2. 4 CITY - S				
TITLE	· <u>··</u>			3 1 TITLE			Change	Addition
NAME			1 :	3.2 NAME				{
STREET ADDRESS			3	3 STREET	ADDRES\$			į
CITY-ST-ZIP			3	3.4. CITY - S	ST-ZIP			
TITLE			DELETE 4	I.1 TITLE			Change	Addition
NAME			4	I. 2 NAME				Į
STREET ADDRESS			4	1.3 STREFT	ADDRESS			ľ
CITY-ST-ZIP				I.4 CITY-S	T-ZIP			
TITLE			DELETE	5.1 TITLE			☐ Change	Addition
NAME			5	.2 NAME				
STREET ADDRESS			5	3.3 STREET	ADDRESS			Ĭ.
CITY-ST-ZIP			7	4 CITY-S	1-2IP			
TITLE		L	DEL€TE 6	6.1 TITLE	1		☐ Change	☐ Addition
NAME			6	2 NAME	[
STREET ADDRESS			6	i.3 STREET	ADDRESS	· ·		ţ
CITY-ST-ZIP		the all of the second	6	.4 CITY - S	1 - 7(P	D-10-140.07(0V) 51-11-01-11		

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 compration of 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 or an an attact ment with an address.