

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

FILED
Jun 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000100145 (6)

1. Corporation Name
NICHOLSONS, INC.

Principal Place of Business
15480 SOUTHWEST 73 LANE
SUITE 6
MIAMI FL 33193

Mailing Address
15480 SOUTHWEST 73 LANE
SUITE 6
MIAMI FL 33193



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 15455 S.W. 75 CIRCLE LANE

Suite, Apt. #, etc.

22 SUITE 206
City & State

23 MIAMI, FL.

24 33193

Country

2a. Mailing Address

26 P.O. BOX 832649

Suite, Apt. #, etc.

28 MIAMI, FL.

29 33283

Country

3. Date Incorporated or Qualified

01/01/1998

4. FEI Number

#65-0796614

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Trust Fund Contribution

Added to Fee

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

JAMES PATRICK NICHOLSON

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

15455 SOUTHWEST 75 LANE

83

SUITE 206

84 City

MIAMI

85 Zip Code

FL 33193

11. Pursuant to the provisions of Sections 607.002 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

JAMES Patrick Nicholson PVSTD 04/24/98

(Signature of Registered Agent and Title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVST ☐ DELETE

NAME NICHOLSON, JAMES P
STREET ADDRESS 15480 SOUTHWEST 73 LANE
CITY-ST-ZIP MIAMI FL 33193

TITLE D ☐ DELETE

NAME NICHOLSON, JAMES P
STREET ADDRESS 15480 SOUTHWEST 73 LANE
CITY-ST-ZIP MIAMI FL 33193

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PVST ☒ Change ☐ Addition

1.2 NAME NICHOLSON, JAMES P
1.3 STREET ADDRESS P.O. BOX 832649
1.4 CITY-ST-ZIP MIAMI, FL. 33283 (NA)

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME NICHOLSON, JAMES P
2.3 STREET ADDRESS P.O. BOX 832649
2.4 CITY-ST-ZIP MIAMI, FL. 33283 (NA)

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 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

JAMES P. Nicholson 04/24/98 (205) 488-2452

CR2E034 (10/97)