

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90049 048 ***150.00

DOCUMENT # P98000004223

1. Corporation Name

NICOLE ENTERPRISES, INC.

Principal Place of Business

1440 SATURN ST
MERRITT ISLAND FL 32953

Mailing Address

1440 SATURN ST
MERRITT ISLAND FL 32953

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1998

4. FEI Number

59-3493373

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 2137 N. COURTENAY PKWY

Suite, Apt. #, etc.

22 Suite 23

City & State

23 merritt Island FL

Zip Country USA

24 32953 25 Brevard

2a. Mailing Address

26 2137 N. COURTENAY PKWY

Suite, Apt. #, etc.

27 23

City & State

28 merritt Isl. FL 32953

Zip Country USA

29 32953 30 USA

9. Name and Address of Current Registered Agent

NOVAK, DARYL
1440 SATURN ST
MERRITT ISLAND FL 32953

10. Name and Address of New Registered Agent

81 Name NOVAK DARYL

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

2137 N. Courtenay Pkwy

83 Suite 22

84 City merritt Island

FL

85 Zip Code 32953

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME VANCOTT, VICKIE
STREET ADDRESS 190 E OLMSTEAD, APT H10
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE D ☐ DELETE
NAME VANCOTT, KENNETH
STREET ADDRESS 190 E OLMSTEAD APT H10
CITY-ST-ZIP TITUSVILLE FL 32780

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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE VICE-PRESIDENT ☐ Change ☒ Addition
3.2 NAME DARYL NOVAK
3.3 STREET ADDRESS 2137 N. Courtenay Pkwy
3.4 CITY-ST-ZIP MERRITT ISLAND, FL 32953

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-28-99

Date

407 452-0909

Daytime Phone #

CR2E034 (11/98)