

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S64698**

(1)

1. Corporation Name

NOSTALGIC DEVELOPMENT, INC.



Principal Place of Business

**4000 SW 103 AVE
DAVIE FL 33328**

Mailing Address

**9061 S.W. 54TH STREET
COOPER CITY FL 33328
US**

2. Principal Place of Business

2a. Mailing Address

21 **7200 GRIFFIN Road**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 4A**

27

City & State

City & State

23 **DAVIE, FL**

28

Zip

Zip

Country

Country

24 **33314**

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VICINO, FRANK T., JR
2501 N.E. 48TH COURT
LIGHTHOUSE POINT FL**

81 Name

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

83

84 City

FL

85 Zip Code

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 of the person who is registered agent for the corporation)

(Print Name of Registered Agent and Signature of Officer or Director)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	VICINO, FRANK T., JR	2501 N.E. 48TH COURT	☐ DELETE			
		LIGHTHOUSE PT. FL					
				☐ DELETE			
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
				☐ Change ☐ Addition			
				☐ Change ☐ Addition			
				☐ Change ☐ Addition			
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or Block 14 or on an attachment with an address.

SIGNATURE:

FRANK VICINO JR

2/23/96

954-584-6777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/State/Phone #

CR2E034 (12/95)