Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90080 024 ***158.75

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

DOCUMENT # COZECA

1. Corporation	BY NICHOLAS, INC.	•					
Principal Place of Business Mailing Address					T I MOTATA 1803 I INSTIT SANDI ALLIN BELIS ASER ANDI	Stati minit graft at	7(1 01011 (001
7357 N.W. 38 P CORAL SPRING	P.O. BOX 9864 CORAL SPRINGS FL 33075	OX 9864		DO NOT WRITE IN THI	S SDACE		
us us					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
				-14-17	10/10/1991		
2. Principal P	2. Principal Place of Business 2a. Mailing Address				4. FEI Number		lied For
21 26					65-0291074	\$8.75 Ac	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired (Fee Red	
City & State	City & State		=	6. Election Campaign Financing	\$5.00 N		
	e				Trust Fund Contribution	Added to	
Zíp	Country	Zip	Country		8. This corporation owes the current year I		
24	25		30 ´		Personal Property Tax.	Yes	ENo
271	9. Name and Address of Currer		1		10. Name and Address of New Registere	d Agent	
			81	Name			
DEVITO, NICHOLAS 7357 NW 38TH PLACE			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
CORAL SPRINGS FL 33065			83				
,							
			84 City		F	L	ode
l office or r	egistered agent, or both, in the State m familiar with, and accept the obliga Stgnature, typed or printed name of registered age	of Florida, Such change was au tions of, Section 607.0505, Flori	ithorized by ida Statutes	the corporati	oration submits this statement for the purpose on's board of directors. I hereby accept the appoint of the purpose of the statement of the purpose of the pu	Untilient as reg	Jane 1 eu
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	P DELETE		1.1 TITLE			☐ Change	☐ Addition
NAME			1.2 NAME				
STREET ADDRESS 7357 NW 38TH PLACE			1.3 STREE	TADDRESS			Į
CITY-ST-ZIP			1.4 CITY-ST-ZIP			Change	Addition
TITLE			2.1 TITLE			☐ Change	☐ Addition
NAME			2.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP	DELETE		2.4 CITY-	ST-ZIP		☐ Change	Addition
TITLE			3.2 NAME				
NAME CERTAINSPECS				TADORESS	•		
STREET ADDRESS			3.4. CITY-	- 1			
TITLE	□ DELETE		4.1 TITLE			☐ Change	Addition
NAME		4.2					
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			4.4 CITY-5				
TITLE	DELETE		5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME	'			
STREET ADDRESS			5.3 STREE	TADDRESS			Ì
CITY-ST-ZIP	111-31-ZIF		5.4 CITY-S	ST-ZIP			
TITLE		DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS	'		6.3 STREE	TADDRESS			

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 ghanged, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP