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 # **V38470**

1. Corporation Name NICOLA, INC.

FILED Mar 11, 1999 8:00 am Secretary of State 03-11-1999 90130 016 ***150.00



Principal Place of Business Mailing Address						I table detang termination and the same and	
5624 PERSHING	AVENUE	P.O.BOX 940446	P.O.BOX 940446				
ORLANDO FL 32		MAITLAND FL 32794-0446			DO MOTIVIPITE MITURO ODACE		
US					DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 05/26/1992	
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For	_
21		26:				59-3122924 Not Applicable	╛
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional	_ _
22		27				5. Certificate of Status Desired Fee Required	4
City & State		City & State			6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution Added to Fees	4	
Zip	Country	Zip	Zip Country			8. This corporation owes the current year Intangible	
24	25		30			Personal Property Tax. Yes No	4
	9. Name and Address of Curren	nt Registered Agent		—т		10. Name and Address of New Registered Agent	4
				81 1	Name		
LIVERA, JOHN N.			H	82 5	Street Addres	ress (P.O. Box Number is Not Acceptable)	
	KNG EDWARDS COURT		Ĺ				4
WINT	ER PARK FL 32792		[83			1
				84 (City	85 Zip Code	+
					•	FL	╛
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was au	thorized	DV the	named corpor e corporation	oration submits this statement for the purpose of changing its registered in's board of directors. I hereby accept the appointment as registered	
SIGNATURE						when reinstating) DATE	1
	Signature, typed or printed name of registered age			Agent se	gnature required v	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	\dashv
12.		ND DIRECTORS	13.			☐ Change ☐ Addition	7
TITLE	D INCOA IOUNIN		1 2 NAME				1
NAME	LIVERA, JOHN N.				200500		
STREET ADDRESS	2275 KING EDWARDS COURT				DDRESS		
CITY-ST-ZIP	WINTER PARK FL	☐ DELETE	2.1 TITL	Y-ST-Z	.IP	☐ Change ☐ Addition	,
TITLE							
NAME			2.2 NAM				1
STREET ADDRESS					ODRESS	and the same and t	
CITY-ST-ZIP		☐ DELETE	2.4 CIT		ZIP	☐ Change ☐ Addition	
TITLE		L_I DELGIL	3.1 TITL		ļ		
NAME			3.2 NA		200500		
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CITY-ST-ZIP		☐ DELETE	3.4. CIT	TY-ST-Z	ZIF	☐ Change ☐ Addition	7
TITLE		C DEFETE					
NAME			4. 2 NA				
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NAME					DDRESS		
STREET ADDRESS							
CITY-ST-ZIP			6.1 TITI	Y-ST-Z	-ir	☐ Change ☐ Addition	<u>, </u>
TITLE		☐ DELETE					
NAME			6.2 NA		DODE		
STREET ADDRESS					DDRESS		1
CiTY-ST-ZIP			64 CIT	Y-ST-Z	<u> </u>		- 1

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