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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATI

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # V72423

(9)

	ID K. NICHOLSON ENTERPI				
Principal Place of Business 2101 CORPORATE DRIVE BOYNTON BEACH FL 33426 US		Mailing Address C/O RICHARD K NICHOLSON ENT. INC P O BOX 812290 BOCA RATON FL 33481-2290			
		US		3. Date Incorporated or Qualified 10/20/1992	3a. Date of Last Report 05/01/1996
2. Principal P 21	flace of Business	2a. Mailing Address		4. FEI Number 65-0367307	Applied For
Suite. Apt.	# etc.	Suite, Apt. #, etc.			Not Applicable \$8.75 Additional
22	**************************************	27		5. Certificate of Status Desired	Fee Required
City & Stat	ė	City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zip	Country		Country	Trust Fund Contribution 8. This corporation has liability for it	Added to Fees
24	25	}	10		Yes No
Ĺ	9. Name and Address of Curren	Registered Agent		10. Name and Address of New Re	platered Agent
	HOLSON, RICHARD K		81 Name		
	11 CORPORATE DRIVE YNTON BEACH FL 33428		82 Street Addre	ess (P.O. Box Number is Not Acceptab	10)
100	HITOH DEACH FL 33420		83		
			84 City		- B5 Zip Code
			1 1		1-1
11. Pursuant office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State	2 and 607.1508, Florida Statutes of Florida Such change was au	s, the above-named corporation	oration submits this statement for the poon's board of directors. I hereby accep	urpose of changing its registered t the appointment as registered
agent. La	m familiar with, and accept the obliga	itions of, Section 607.0505, Flori	da Statutes.		
SIGNATURE	Signature, typed or printed name of registered ager	and tille if applicable (NOTE	Registered Agent signature require	d when reinstating)	DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	P	☐ DELETE	1.1 TITLE		Change Addition
NAME	NICHOLSON, RICHARD K		1.2 NAME		
STREET ADDRESS	2101 CORPORATE DRIVE BOYNTON BEACH FL		1,3 STREET ADDRESS		
CITY-ST-ZIP	D D D	DELETE	1.4 CITY-ST-ZIP		Change Addition
NAME	NICHOLSON, CHERYL	A	2.2 NAME		C Company C T Manager
STREET ADDRESS	2101 CORPORATE DRIVE		2.3 STREET ADDRESS		
CHTY ST - ZIF	BOYNTON BEACH FL		2.4 CITY-ST-ZIP		
TILLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAM:			3.2 NAME		
STREET ADDRESS DHY-ST-ZIP			3 3 STREET ADDRESS		
TIME		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		!
STREET ADDRESS	n		5.3 STREET ADORESS		
CITY - ST - 7IP TITLE		DELETE	5.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME		C Operation	6.2 NAME		C Asserting C Magniful
STREET ADDRESS			6.3 STREET ADDRESS		
CHY-SF-ZIP			6.4 CITY-ST-ZIP		}
	by certify that the information supplied in indicated on this annual report or si	with this filing does not qualify	for the exemption stated	in Section 119.07(3)(i), Florida Statutes my signature shall have the same lega	i. I further certify that the

14. I do hereby certify that the information supplied with this filling 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 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 one attachment with an address.

SIGNATURE:

april 23, 1997 561-995-9619

FILED

Apr 29 1997 8:00am

Secretary of State

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