

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **265081** (0)  
1. Corporation Name  
**NOZZLE NOLEN INC**



Principal Place of Business: **5400 BROADWAY WEST PALM BEACH FL 33407**  
Mailing Address: **5400 BROADWAY WEST PALM BEACH FL 33407**

3. Date Incorporated or Qualified: **02/01/1963**  
3a. Date of Last Report: **04/14/1995**  
4. FEI Number: **59-0996741**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
Suite, Apt. #, etc.: 22  
27  
City & State: 23  
28  
Zip: 24  
Country: 25  
29  
30

9. Name and Address of Current Registered Agent  
**NOLEN, DAVID M  
5400 BROADWAY  
W PALM BEACH FL 33407**  
10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and identity applicable. (NOTE: Registered Agent signature required when re-statuting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PRES</b> <input type="checkbox"/> DELETE	1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NOLEN, DAVID MICHAEL</b>	12 NAME	
STREET ADDRESS	<b>5400 BROADWAY</b>	13 STREET ADDRESS	
CITY - ST - ZIP	<b>W PALM BCH FL</b>	14 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KIRIK, WILLIAM A</b>	22 NAME	
STREET ADDRESS	<b>5400 BROADWAY</b>	23 STREET ADDRESS	
CITY - ST - ZIP	<b>WEST PALM BEACH FL</b>	24 CITY - ST - ZIP	
TITLE	<b>VPD</b> <input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NOLEN, KENNETH E</b>	32 NAME	
STREET ADDRESS	<b>5400 BROADWAY</b>	33 STREET ADDRESS	
CITY - ST - ZIP	<b>W PALM BEACH FL</b>	34 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NOLEN, KENNETH, E</b>	42 NAME	
STREET ADDRESS	<b>5720 PARKE AVE</b>	43 STREET ADDRESS	
CITY - ST - ZIP	<b>W PALM BEACH FL</b>	44 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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 if changed, or on an attachment with an address.

SIGNATURE: *Kenneth Nolen* **4-1-96** **407 844 3544**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)