

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:30

DOCUMENT # **M42699** (2)
1. Corporation Name
FLYNN NOLAN, INC.

Principal Place of Business Mailing Address
5541 HAWKES BLUFF AVE. DAVIE FL 33331

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/04/1986** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2745960** 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 R. 199.032 Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **6708 Dogwood Drive** 26 **6708 Dogwood Drive**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Mirimar** 27
City & State City & State
23 **MIRIMAR FL** 28 **MIRIMAR FL**
Zip Country Zip Country
24 **33023** 25 **USA** 29 **33023** 30 **USA**

9. Name and Address of Current Registered Agent
NOLAN, JUDITH F.
5541 HAWKES BLUFF AVENUE
DAVIE FL 33331

10. Name and Address of New Registered Agent
81 Name **Michael P Nolan**
82 Street Address (P.O. Box Number is Not Acceptable) **6708 Dogwood Drive**
83
84 City **Mirimar** FL 85 Zip Code **33023**

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 Michael P. Nolan DATE 4/24/95
Signature (typed or printed name of registered agent and fee if applicable) (NOTE: Registered Agent signature required when necessary)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	NOLAN, THOMAS D.
STREET ADDRESS	5541 HAWKES BLUFF AVENUE
CITY, ST, ZIP	DAVIE FL
TITLE	STD
NAME	NOLAN, JUDITH F.
STREET ADDRESS	5541 HAWKES BLUFF AVENUE
CITY, ST, ZIP	DAVIE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	NOLAN MICHAEL P.
2.3 STREET ADDRESS	6708 Dogwood Drive
2.4 CITY, ST, ZIP	MIRIMAR FL 33023
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(B), 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: Thomas D. Nolan DATE Apr. 24, 1995 401,549.8
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR