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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1998

M42699

FLYNN NOLAN, INC.

**FILED** Jan 20 1998 8:00am Secretary of State

Principal Plac	ce of Business	Mailing Address			( 10810841) 113 81818 11010 81110 (8110 181) 61011 A	(1811 8181)
420 NW 92		420 NW 82 AVE				
	PINES FL 33024	PEMBROKE PINE	S FL 33024		DO NOT WRITE IN THI	C CDACE
US		US			3. Date Incorporated or Qualified	3 SPACE
<u></u>					12/04/1986	
	Place of Business	2a. Mailing Addre	ss		4. FEI Number	Applied For
21		26			NOT APPLICABLE	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #,	etc.		5. Certificate of Status Desired	\$8.75 Additional
22 Cib. 8 Ctol	14	27		·	<del> </del>	Fee Required
City & Stat	te	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	<b>28</b>	Cou	ıntry	· · · · · · · · · · · · · · · · · · ·	Added to Fees
24	25	29	30	artery	<ol><li>This corporation owes or has paid the of Personal Property Tax due June 30.</li></ol>	Current year intangible  Yes No
24	9. Name and Address of Curr			<del>                                     </del>	10. Name and Address of New Registers	
N	OLAN, THOMAS D			81 Name		
	708 DOGWOOD DRIVE			-		
	IRAMAR FL 33023			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
ļ <b>"</b> "				83		
				84 City	F	<b>85</b> Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florid	Statutes, the at	bove-named corp	poration submits this statement for the nurpose	of changing its registered
office or i	registered agent, or both, in the Sta am familiar with, and accept the ob	ate of Florida. Such chang ligations of Section 607 f	e was authorized	d by the corporati	ion's board of directors. I hereby accept the ap	ppointment as registered
1	Thomas	DALALA	N	hant l	2000	1/98
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable	(NOTE: Registered	d Agent signature require	ed when reinstaling) DATE	<del>// / •</del>
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AT	
TITLE	PD	☐ DEL	ETE 1.1 TI	TLE		Change Addition
NAME	NOLAN, THOMAS D.		1.2 NA	AME		
STREET ADDRESS	420 NW 92 AVE		1.3 ST	REET ADDRESS		10
CITY-ST-ZIP	PEMBROKE PINES FL			TY-ST-ZIP		Į ŭ
TITLE	STD NOTAN CUITAN E	☐ D£L	ETE 2.1 TI	TI C		
NAME	NOLAN, SUZAN E					Change Addition
STREET ADDRESS			2.2 N/		9-1-1-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Change Addition
CITY-ST-ZIP	420 NW 92 AVE		I			Change Addition
	PEMBROKE PINES FL	[ ]	2.3 ST 2.4 C	AME TREET ADDRESS ITY-ST-ZIP		
TITLE		☐ D€L	2.3 ST 2.4 CI ETE 3.1 TH	AME IREET ADDRESS ITY-ST-ZIP TLE		☐ Change ☐ Addition
TITLE NAME		☐ DÉL	2.3 ST 2.4 CI ETE 3.1 TII 3.2 NA	AME IREET ADDRESS ITY-ST-ZIP TLE		
NAME STREET ADORESS		□ b€i.	2.3 ST 2. 4 CI ETE 3.1 TII 3.2 NA 3.3 ST	AME ITY-ST-ZIP TLE AME ITEET ADDRESS		
IIILE NAME STREET ADORESS CITY-ST-ZIP			2.3 ST 2. 4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI	AME ITY-ST-ZIP TLE AME ITREET ADDRESS ITY-ST-ZIP ITY-ST-ZIP		Change Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE		☐ DEL	2.3 ST 2.4 GI 3.1 TII 3.2 NA 3.3 ST 3.4 CI ETE 4.1 TII	AME ITY-ST-ZIP TLE AME IREET ADDRESS ITY-ST-ZIP IREET ADDRESS ITY-ST-ZIP TLE		
TIFLE NAME STREET ADORESS CITY-ST-ZIP TIFLE NAME			2.3 ST 2.4 GI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 N	AME ITY-ST-ZIP TLE AME ITY-ST-ZIP TREET ADDRESS ITY-ST-ZIP TLE AME		Change Addition
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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. (954)

1/1/-