

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000004835 (4)**

1. Corporation Name

**NICHOLSON/KENNY CAPITAL MANAGEMENT, INC.**



Principal Place of Business

Mailing Address

1499 W. PALMETTO PARK ROAD  
BOCA RATON FL 33486

1499 W. PALMETTO PARK ROAD  
BOCA RATON FL 33486

**NEW ADDRESS:  
433 PLAZA REAL, SUITE 365  
BOCA RATON, FL 33432**

2. Principal Place of Business

21 **433 PLAZA REAL**

22 **Suite 365**

23 **BOCA RATON FL**

24 **33432**

2a. Mailing Address

26 **433 PLAZA REAL**

27 **Suite 365**

28 **BOCA RATON FL**

29 **33432**

3. Date Incorporated or Qualified **09/19/1994**

3a. Date of Last Report **01/27/1995**

4. FEI Number **65-0518669**

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

9. Name and Address of Current Registered Agent

**KENNY, JOHN J**  
**1499 W. PALMETTO PARK ROAD**  
**BOCA RATON FL 33486**

**NEW ADDRESS:  
433 PLAZA REAL, SUITE 365  
BOCA RATON, FL 33432**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0504, Florida Statutes.

SIGNATURE

*John J. Kenny*

**2.22.96**

12. OFFICERS AND DIRECTORS

TITLE	<b>TCO</b>	<input type="checkbox"/> DELETE
NAME	<b>KENNY, JOHN J</b>	
STREET ADDRESS	<b>1499 W. PALMETTO PARK ROAD</b>	<b>433 PLAZA REAL</b>
CITY-STATE-ZIP	<b>BOCA RATON FL</b>	<b>33432</b>
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>NICHOLSON, ROBERT C</b>	
STREET ADDRESS	<b>1499 WEST PALMETTO PARK ROAD</b>	<b>433 PLAZA REAL</b>
CITY-STATE-ZIP	<b>BOCA RATON FL</b>	<b>33432</b>
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>EVP COO</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>JACK P. FUGLAN</b>	
1.3 STREET ADDRESS	<b>433 PLAZA REAL, SUITE 365</b>	
1.4 CITY-STATE-ZIP	<b>BOCA RATON FL</b>	<b>33432</b>
2.1 TITLE	<b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>JORDAN FORST</b>	
2.3 STREET ADDRESS	<b>133 PLAZA REAL, SUITE 365</b>	
2.4 CITY-STATE-ZIP	<b>BOCA RATON FL</b>	<b>33432</b>
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-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: *John J. Kenny*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2.22.96**

CR2E034 (12/95)