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

**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 01 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 1. Corporation Name F94000004835 (4)

NICHOLSON/KENNY CAPITAL MANAGEMENT, INC.

Principal Place of Business Mailing Address 327 133 PLAZA REAL 327 133 PLAZA REAL										
327 133 PLAZA REAL SUITE 966-350 SUITE 966-350 BOCA RATON FL 33432 BOCA RATON FL 33432										DO NOT WRITE IN THIS SPACE
Ü\$ U\$										3. Date Incorporated or Qualified
پا	Dala sia at Di	nna at Duni		T 24	. Mailing Address					09/19/1994 4. FEI Number Applied For
21										65-0518669 Not Applicable
1	Suite, Apt. #, etc. Suite, Apt. #, etc.						•			5. Certificate of Status Desired  \$8.75 Additional
22	27									Fee Required
23	City & State City & State									6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
l	Zip Country				Zip Coun			У		8. This corporation owes or has paid the current year Intangible
24	25 29 30						)			Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
├	g, Name and Address of Current Registered Agent								Name	ig, italia sita recesso di itay registra 2 rigon
1		INY, JOHN						1	Otto and Andrew	(DO Down Number in Ned Assertable)
		-Plaza re Te <del>865</del> -3:					8:	4	Street Addre	ess (P.O. Box Number is Not Acceptable)
			FL 33432				8	3		
ĺ							8	4	City	85 Zip Code
<u></u>				<del></del>	007.4500 Ft. 13. Oc		- I			FL 89 250 COO
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of diagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.										ion'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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent								gen	ni signatura require	
12			OFFICERS AND	DIRE			13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TIT	LE	TCD			DELETE		1.1 TITLE			. Change  Addition
NA	9		JOHN J				1.2 NAM			
	REET ADDRESS		NZA REAL						ADDRESS	
CIT	Y-ST-ZIP	P BUCA H	RATON FL		DELÉTÉ		14 CITY- 21 TITLE		1-ZIP	☐ Change ☐ Addition
NAI		•	I, JACK P.				2.2 NAMI			
1	REET ADDRESS		ZA REAL SUITE 365			٠,			ADDRESS	
1	Y-ST-ZIP		ATON FL		J		2. 4 CITY	- S1	iT-ZIP	
TIT	TITLE VP FORET				DELETE 3.1 TI					Change Addition
NA	VAME LEGRETA JORDAN				3.2 NAME				•	
1	REET ADDRESS 1 433 PLAZA REAL SUITE 365							$\varphi$		
_	TY-ST-ZIP BOCA RATON FL			DELETE	3.4. CITY DELETE 4.1 TITLE			T-ZIP	☐ Change ☐ Addition	
	TITLE				4.21				į	
i i							ADDRESS			
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-					5.1 TITLE	5.1 TITLE		Change Addition		
NA	ME						5.2 NAMI	Ē		
STI	REET ADDRESS						5.3 STRE	ET A	ADDRESS	
	Y-ST-ZIP	<del></del> -			D DELEVE		5.4 CITY		ſ-ZIP	☐ Change ☐ Addition
TIT					DELETE		6.1 TITLE			LT Change LT Addition
NA!	ME						6.2 NAM		ADDRESS	

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 a mual 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 receipt 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 attackment with an address.

6.4 CITY-ST-ZIP

CITY-ST-ZIP